*Please fill out and turn in to school office or to HOPE President. You will also be expected to present your idea at an upcoming HOPE meeting (to be determined).*

HOPE Fundraiser / Event Proposal Form

|  |  |
| --- | --- |
| **CONTACT INFORMATION** |  |
| Name |  |
| Home/Cell # |  |
| Email Address |  |

|  |  |
| --- | --- |
| **PROPOSED EVENT** |  |
| Type of Event |  |
| Is this a new or existing event? If new, what gap does this fill? |  |
| Expected Revenue |  |
| Expected Expenses |  |
| # of Volunteers Needed |  |
| Time of Year / Date |  |
| Location |  |
| Duration |  |
| Type of child/parent participation (selling, attending, solicitation, etc.) |  |
| Facility or Staff Requirements of HOPE or School? |  |

Signature of Submitter Date

**HOPE Comments**: