



Southern Lehigh High School

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Kate Miller
Coordinator of Athletic Services

COMMUNITY SERVICE/FUNDRAISING ACTIVITY APPROVAL REQUEST

Name of Booster Club: _____

Submitted By: _____

Date of Service/Activity: _____

I. Identification of Service/Activity – Attach Agenda if Applicable

II. Requesting Sponsor's Signature

Signature Title

III. Written Approval

Approved: _____ Date _____
Coordinator of Athletic Services/Club Sport Advisor