

Saltonstall School

PTO



“BUY-IN” EVENT APPLICATION

Host Contact Information

Name: _____

Home Phone: _____

Cell: _____

Address: _____

Email: _____

Co-Host(s): _____

Event Information

Date: _____

Location: _____

Cost/person: _____

Description: (please include outline of expected cost(s) to be recouped in ticket price or personal donations made)

Proposed Fundraising Information

Cost/person: _____

Max. # people: _____

Number of people: _____

Min. # people: _____

Total ticket Revenue: _____

Total Cost: _____

*Cost/person: _____

Expected donation: _____

*must be disclosed in advertising

Thank you for offering to host a “Buy-In” promoting community, learning, fun and fundraising for Saltonstall. Once approved, your Buy-In will be added to our calendar. Please know that it is up to the host(s) to organize your event, manage all money & details pertaining to the event and to solicit participants.

If you have any questions, please contact Marcie Clawson at (978) 395.1849 or saltonstall_pto@yahoo.com

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Saltonstall School



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