



# Fundraiser Registration Form

(Please attach a copy of the signed agreement with this form)

## Lead Information

PFSO POSITION	NAME (LAST, FIRST, M.I.)
STREET ADDRESS	EMAIL
CITY, STATE, ZIP	PHONE
CELL PHONE	ALTERNATE PHONE

## Fundraiser Description

CHECK ONE: <input type="checkbox"/> CASH <input type="checkbox"/> PRODUCT / ITEM <input type="checkbox"/> SERVICE <input type="checkbox"/> OTHER	
GOAL / DESCRIPTION	DATES RUN /   to   /
NOTES	

## PFSO Contact Information

### Parent Faculty Student Organization

8151 Village Parkway

Dublin, CA 94568

[www.dhspfsso.com](http://www.dhspfsso.com)

### Christy Li & Linda Lu

Co-Treasurers

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