



Demarest Home & School Association

465 Broughton Avenue ❖ Bloomfield, NJ 07003

www.demaresthsa.org

START UP MONEY REQUEST FORM

(Please Print Clearly)

Committee: _____

Chairperson: _____

School Event: _____ **Date(s):** _____

Amount of **Start-up Money** requested: \$ _____

Date Requested: _____ **Chairpersons Signature:** _____

Date Received: _____

Treasurer's Signature: _____