

Request for Fundraising Activity

Organization Requesting to Have a Fundraiser: _____

Building/Location: _____

Fund Raising Activity and Cost of Item Sold: _____

Start Date: _____ End Date: _____

Amount of Funds Anticipated to be Raised: _____

What will the funds raised be used for?: _____

Person Requesting Activity(Print): _____ Date: _____

Person Requesting Activity(Signature): _____ Date: _____

Building Principal: _____ Date: _____

Approve

Deny

Reason for Denial: _____

Director of Elementary / Secondary Education: _____

Date: _____

Approve

Deny

Reason for Denial: _____

Superintendent(Signature) _____ Date _____

Approve

Deny

Reason for Denial: _____

