



Request for Fundraising Activity



PLEASE PRINT

Today's Date:	Contact Telephone:
Organization Making Request	
Individual Responsible	
Purpose of Event	
Dates of Fundraiser	
Building/Grade Level	
Describe Product/Type of Sale	
Who Will be Sellers	

Signature: _____

Date: _____

Approved by:

Yes No _____
Principal

Date: _____

Yes No _____
Superintendent

Date: _____

Comments: _____
