

CENTENNIAL SCHOOL DISTRICT
FUND RAISING ACTIVITY PROPOSAL

Section I.

To be Completed by Sponsor/Officer of Requesting Organization

- A. Name of Organization _____
(Date Submitted) _____
- B. Sponsor/Officer _____
- C. Fund Raising Activity _____
- D. Purpose of Fund Raising Activity _____

- E. Involvement of Students _____

- F. Activity Dates: Begin on _____ End on _____
- G. Other Information (including monetary value of prizes) _____

Section II.

To be Completed by Principal

A. Other Requirements (check if applicable)

Facility Use Form
(specify) _____

Other _____

Certificate of Insurance
(Booster Groups Only)

Deposit to:

Other:

B. CSD Clearing Account

Current Account specify _____

CSD Student Activity Account

New Account specify _____

C. Additional Factors _____

D. Principal's Recommendation

Approval _____
(Principal's Signature)

Disapproval _____
(Date)

Copy to:
Superintendent
Applicant(s)
Principal
Director of Business Admin.