



**AVONWORTH SCHOOL DISTRICT**

**FUNDRAISING REQUEST FORM**

Name/Title of Requester \_\_\_\_\_

Requester's Telephone No. \_\_\_\_\_

Requester's Email Address \_\_\_\_\_

Dates of Fundraiser \_\_\_\_\_

Name of Fundraiser \_\_\_\_\_

Location of Fundraiser \_\_\_\_\_

Fundraiser Details/Purpose \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Requester's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval (Athletic Director's Signature)

\_\_\_\_\_  
Date