

Hulbert Public Schools

Activity Fund Request for Fundraiser

SITE: _____ DATE OF REQUEST: _____

SUBACCOUNT NAME AND NUMBER: _____

ITEMS TO BE SOLD AND HOW: _____

DATE(S) OF FUNDRAISER: _____

PURPOSE OF FUNDRAISER: _____

ESTIMATE INCOME: _____ ESTIMATE EXPENSE: _____

SPONSOR SIGNATURE: _____

ADMINISTRATOR SIGNATURE: _____

BOARD OF EDUCATION APPROVAL DATE: _____