FUNDRAISING REQUEST FORM

Date Submitted:		Date(s) of Activity: Start Finish
Date Principal Approved:		Sponsor Fundraiser:
		Additional Sponsor(s):
Approve:	Deny:	Principal Signature/Date:
Approve:	Deny:	Business Manager Signature/Date:
Organization:		Student Treasurer:
Setup Time:		Number of people involved:
Space Needed/Used:		Chairs, Lighting, Tables, Podium, PA, Risers, Piano, AV Equip, Risers (circle)
Custodial/Labor needed:		Cost of Labor: may not apply
Estimated Receipts: \$		Estimated Costs:
Project Description:		
Purpose of Funds Collec	ted:	
Other Supporting Inform	nation:	

This document MUST be completed for all fundraising activities relating to schools PRIOR to the start of the fundraising activity. Please send original to Business Manager/Superintendent for approval. Copy will be returned following signatures.

Approved: February 20, 2012