

**BROCK ISD**  
**FUND RAISING REQUEST FORM**  
Student Activity Account

School: \_\_\_\_\_

Account Name \_\_\_\_\_

Acct# \_\_\_\_\_

Sponsor Name \_\_\_\_\_

Date(s) of Sale \_\_\_\_\_ Items to be sold \_\_\_\_\_

Supplier of Goods \_\_\_\_\_

Total Sales Price for Each Individual Item \_\_\_\_\_

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Planned Use of Proceeds

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Administrators Signature/Approval

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Date

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Signature of person(sponsor) completing form

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Date