Runge Independent School District

REQUEST FOR APPROVAL OF A FUNDRAISING ACTIVITY

Organization:	
Campus:	
Project:	
Vendor:	
Vendor's address:	
Name of vendor's representative:	
Date of project: Length of project:	
Item(s) to be sold:	
Sale of items will be from: (a.m. /p.m.) to (a.m. /p.m.) on (dates).	
Sale will be held at:	_(describe exact location).
Expected profit:	
Intended use of funds generated:	
Scope of solicitations:	
For Office Use Only	
Sponsor's signature:	
Principal's signature:	_ Date:
Superintendent or designee's signature:	_ Date:
□ Approved□ Denied	

