



FUNDRAISING REQUEST FORM

(No contracts with any vendors are to be signed until this form is approved)

Name of Person Completing Request Form: _____

Organization Seeking Fundraising Approval: _____

Date of Request: _____

Description of Fundraising Activity:

Date(s) of Fundraiser: _____

Purpose of Fundraiser: _____

Signatures indicating approval:

Organization Sponsor: _____ Date: _____

Principal / Director: _____ Date: _____

Signature indicating final approval/disapproval:

Superintendent: _____ Date: _____

Fundraiser Status: _____ Approved _____ Disapproved