

MAINE SCHOOL ADMINISTRATIVE DISTRICT #54

FUND RAISING REQUEST

(Submit 1 month in advance to Principal/Athletic Director)

Date of Request: _____ School: _____

Group: _____

Name of Activity: _____

Coordinator: _____

Activity Dates: _____

Purpose of Activity (why): _____

Description of Activity (what, where, etc.): _____

Anticipated Cost: _____ Anticipated Revenue: _____

Use of Revenue (ex: 100% for warm-ups, or 50% to paper company & 50% to purchase computers):

Signature: _____ Approved: _____ Not Approved: _____

(Principal/AD)

Signature: _____ Approved: _____ Not Approved: _____

(Superintendent)