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):

____________________________________

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Signature: ______________________  Approved: ______  Not Approved: ______
(Principal/AD)
Signature: ______________________  Approved: ______  Not Approved: ______
(Superintendent)