

Activity / Fund Raising Request

Class / Group: _____

Contact Student(s): _____

Advisor/Coach: _____

Chaperones: _____

Activity (circle one)

Fundraiser

Type _____

Fundraising activity _____

Charge to participants _____

Cost to school _____

Date: _____

Dates: _____

Times: _____

Times: _____

Where: _____

\$ amount to raise? _____

If to be held at school, what are your clean-up plans?

Additional information to be considered _____

Advisor/Coach Signature _____ Date _____

Approved _____

Denied _____

Athletic Director Signature _____ Date _____

Approved _____

Denied _____

Maintenance Supervisor Signature _____ Date _____

Approved _____

Denied _____

Principal Signature _____ Date _____

Approved _____

Denied _____