

MILLBURY PUBLIC SCHOOLS

REQUEST FOR FUND-RAISING ACTIVITY APPROVAL

GROUP: _____

Group Representative: _____

Mailing Address: _____
(return approved form to)

Phone: _____

Advisor: _____

Nature of activity: _____

When will it occur? _____

Approximate amount to be raised: _____

Plans for use of funds: _____

Additional information: _____

Signature of Student Applicant

Date

Signature of Advisor

Date

Approval _____
Principal

Date

Approval _____
Superintendent

Date