

REQUEST FOR APPROVAL

FOR FUND RAISER

ORGANIZATION: _____ DATE OF REQUEST: _____

DESCRIPTION OF FUND RAISER: _____

COST OF FUND RAISER: _____ PROJECTED PROFIT: _____

BEGINNING DATE: _____ ENDING DATE: _____

PURPOSE OF FUND RAISER: _____

WILL B.I.S.D. STUDENTS BE INVOLVED? _____ PLEASE DESCRIBE

STUDENT INVOLVEMENT: _____

SIGNATURE OF PERSON MAKING REQUEST:

_____ DATE _____

SIGNATURE OF CAMPUS PRINCIPAL:

_____ DATE _____

SEND COPY OF APPROVED REQUEST TO SUPERINTENDENT OF SCHOOLS