



FUND RAISING APPROVAL REQUEST
All ECA policies are applicable to fund raising requests

School _____ Date _____

Organization or Club _____

Sponsor (Faculty or Administrator) _____

Project Type _____ Sales to Students (_____ on campus _____ off campus)
_____ Sales to Others _____
_____ Direct Solicitation (Contributions)
_____ Activity (to make money)
_____ Activity (other _____)

If sales, describe item or merchandise _____

_____ Quantity _____

Who will sell it? _____ Cost \$ _____

Place/location of activity _____

Describe activity fully (How it works) _____

Date and times of fund-raising activity _____

Teacher work/activity required _____

Merchandise supplier _____

What will the funds be used to purchase? _____

Other information _____

NOTE: No school time (instructional or non-instructional) may be used for fund raising activities. Copies should be kept by building and by sponsor. All funds must be deposited into appropriate SD#2 ECA accounts.

Principal _____ Date _____

Sponsor _____ Date _____

Assistant Principal _____ Date _____