

**HALDANE CENTRAL SCHOOL DISTRICT  
FUNDRAISING REQUEST FORM**

Date Submitted \_\_\_\_\_

Organization \_\_\_\_\_

Advisor/Requestor \_\_\_\_\_

Fundraising Event/Activity \_\_\_\_\_

Event Date(s) \_\_\_\_\_

Event Time (if applicable) \_\_\_\_\_

Location (if applicable) \_\_\_\_\_

Intended Use of Funds  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
Building Principal Approval Date  
(or Athletic Director, if applicable)

\_\_\_\_\_  
Superintendent Approval Date