

Dana Sanders
Superintendent

Claire Cieremans
Chief Financial Officer



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FUNDRAISER REQUEST

School: _____ Date: _____

Organization: _____ Head Coach: _____

Booster Club President: _____ Contact Number: _____

Start Date of Fundraiser: _____ End Date of Fundraiser: _____ Times: _____

Location of Fundraiser: _____

Please check one: Booster Club Fundriser Program Fundraiser (Activity Account)

Describe the fundraising activity and purpose (what will funds be used for?):

All fundraisers must be approved one week (7 days) prior to fundraising event. You must have a copy of this form signed and approved by the Athletic Director in possession during fundraiser.

Signature of Booster Club President:

Signature of Head Coach:

Signature of Principal (if fundraiser is on school site:

Official Use Only:

Approved

Not Approved

Athletic Director's Signature:
