

FUNDRAISING PROJECT REQUEST FORM

Please complete each section of this form and submit to the Building Administrator.

Name of Project Coordinator: _____

Address: _____

Phone Number Work: _____ Home: _____

Name of Group/Organization: _____

Date Submitted for Review: _____

Date(s) of Fundraising Event: _____

Location of Fundraising Event: _____

Title and Description of Event: _____

Description of How Funds will be used to Support Student Learning: _____

ADMINISTRATOR'S RECOMMENDATION:

_____ DENIED REASON: _____

_____ APPROVED SIGNATURE: _____ DATE: _____

(Administrator)

SUPERINTENDENT'S ACTION:

_____ DENIED REASON: _____

_____ APPROVED SIGNATURE: _____ DATE: _____

(Superintendent)

Administrative procedure Adopted: 6/17/10

Reviewed: 3/20/24