

Bristol Warren Regional School District
FUNDRAISING ACTIVITY REQUEST FORM
Please submit three weeks prior to fundraising activity.

School: _____

Date of request: _____

Description of activity:

Activity date/timeline: _____

Sponsoring group: _____

Activity contact person: Name: _____

Phone: _____ **Email:** _____

Purpose of funds:

BWRSD resources needed to support this fundraising activity: _____

Principal's Signature: _____ **Date:** _____

A copy of the approved Fundraising Activity Request Form will be provided to the Superintendent's Office by the building principal.