

GREAT NECK UNION FREE SCHOOL DISTRICT

FUNDRAISING ACTIVITY REQUEST FORM

Please fill out one form for each activity your class/organization is requesting.

Date _____

Club/Class/Organization making request: _____

The above group requests permission to conduct the following activity in compliance with the regulations and policies of Great Neck UFSD. All receipts and disbursements of funds will be made in accordance with the Great Neck UFSD administrative regulations.

ACTIVITY PLANNED: _____

Indicate the appropriate category:

_____ FUND RAISING EVENT _____ SERVICE PROJECT _____ OTHER

ACTIVITY/SALE DATES REQUESTED

Begin _____ Time (if applicable) _____

End _____ Time (if applicable) _____

LOCATION OF ACTIVITY _____

CLASS/CLUB/ORGANIZATION ADVISOR(S) _____

(Student Signature)

(Advisor Signature)

The above named Class/Club/Organization understands the request of the above activity and assumes responsibility for its conduct.

_____ **APPROVED** _____ **DENIED**

Building Principal (signature)

DATE _____