

Fundraising Activity Additional Request Form

Please TYPE, do not hand-write!

Advisor Name				School Group Phone #				
*** If you are plann	ing a food fu	undraiser, pled	ase submit the prod	luct's nutrition facts	s label <u>and</u> ingredient panel along	with this form.***		
Vendor Name								
What What will be sold?								
Who Who will be selling?								
When Dates of sale? (be specific)								
Wellness Policy Is it a food fundraiser Occurring before, during or Within 30 minutes after School?	Yes	No						
Wellness Policy If it is a food fundraiser, does It meet USDA nutrition requirements?	Yes	No	N/A					
Clarification (explain any irregularities)								
Principal Signature			ate	- —— Nutrit	tion and Menu Specialist Signature	Date		

For questions or concerns, please contact Rebecca Robbins, MS, RDN, Nutrition and Menu Specialist, at rrobbins1@greeleyschools.org or 970-348-6623.