



Fundraiser Request Form

Date of Request: _____

School and/or Organization: _____

Sponsoring Teacher: _____

Dates of Proposed Fundraiser: _____

Description of the Proposed Fundraiser:

Purpose of the Fundraiser:

Anticipated Goal Revenue: _____

What plans are in place for meeting any deficits or changing the way funds will be used if the fundraiser doesn't meet its anticipated goal?

Signature of Sponsoring Teacher

Date

Signature of Principal

Date

To be completed by District Office:

APPROVED

NOT APPROVED

Signature of Superintendent/Designee

Date

All requests must be filled out completely and submitted 14 calendar days prior to the start of the fundraiser for consideration