Scottsdale Unified School District

Student Activity Fundraiser Approval Form

This request must be turned in to the Principal at least one week before the date of the requested activity.

Club Name/Organization:_____

Event/Fundraiser Name:_____

Proposed Date:_____ Time:_____

Place:_____

Purpose of fundraiser:_____

_____

Vendor, if applicable:_____

_____ _____
Club President Signature/Organization Date

_____ _____
Sponsor Signature Date

_____ _____
Student Council Rep. Signature Date

_____ _____
Principal Signature Date

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