

RELATIONS WITH PARENT ORGANIZATIONS

GE
(EXHIBIT)

REQUEST FOR APPROVAL OF FUND-RAISING ACTIVITY

Organization:

- Booster club other school-support organization
- Parent-Teacher organization

Name of the sponsoring organization:

Name of the Sponsor:

Campus _____

Project _____

Vendor

Vendor's address:

Name of representative _____

Date of project _____

Length of project _____

Expected net profit _____

Purpose /Benefit to the school or District

Scope of solicitations

Sponsor's signature

Date

Principal's signature

Date **Approved**

- Approved
- Denied