Bristol Warren Regional School District
FUNDRAISING ACTIVITY REQUEST FORM

Please submit three weeks prior to fundraising activity.

School:_____

Date of request:_____

Description of activity:

_____

_____

_____

_____

_____

Activity date/timeline:_____

Sponsoring group:_____

Activity contact person: Name:_____

Phone:_____ Email:_____

Purpose of funds:

_____

_____

_____

_____

BWRSD resources needed to support this fundraising activity: _____

_____

Principal's Signature:_____ Date: _____

Once form is approved by principal, forward to Superintendent's Office for final approval. Please attach Approved Field Trip Request Form (if applicable) with this request form to Superintendent.

_____

Superintendent's Signature:_____ Date: _____

FUNDS RECEIVED- DEPOSIT FORM

Recommended for use by BWRSD Fundraising Groups

Date: _____ School: _____

School Group Name: _____

Account#: (For Bank Deposit) _____

Cash:

# of 1's _____ Total _____

# of 5's _____ Total _____

# of 10's _____ Total _____

# of 20's _____ Total _____

Other Bills_____ Total _____

Cash Total $_____

Coin Total $_____

Checks: (List additional on back)

_____ From_____ Amount $_____

_____ From_____ Amount $_____

_____ From_____ Amount $_____

Total checks $_____

Grand Total:

Cash: _____

Coins: _____

Checks: _____

Grand Total: $ _____

Name of person completing count: _____Signature**:** _____

Name of witness: _____Signature:_____

Name of depositor: _____Signature:_____

ADOPTED: July 22, 2002

REVISED: June 23, 2025