Lake Elsinore Unified School District
School Connected Organizations
Fundraiser / Activity Request

Fundraiser / Activity Request must be approved by site administration prior to the fundraiser/activity taking place.

Group Name: _____

Contact Person Name & Phone Number: _____

Date(s) Requested (include starting and ending date): _____

Description of Fundraiser/Activity: _____

Location of Proposed Fundraiser/Activity: _____

Purpose of Fundraiser/Activity: _____

Signature of Organization's President: _____

Date Submitted: _____

Administrator Use Only

Fundraiser:

☐ **APPROVED** ☐ **DENIED**

Facilitron Facility Use Request Submitted?

☐ **YES** ☐ **NO**

Administrator Approval: _____ **Date:** _____

Comments: _____

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