



MONOMOY REGIONAL SCHOOL DISTRICT FUNDRAISING REQUEST FORM

Date of Request _____ School/Location _____

Name of Group _____

Faculty Advisor or Responsible Party _____

Phone Number(s) for Advisor or Responsible Party: _____

Date(s) of Fundraiser _____ Location of Fundraiser _____

Type of Fundraiser Event (what will be sold, how will it be sold, at what function will it be sold, etc.):

Purpose of Fundraiser _____

Account for proceeds to be deposited _____

Approved ☐ Not Approved ☐

Athletic Director

Date

Approved ☐ Not Approved ☐

Principal

Date

Approved ☐ Not Approved ☐

Superintendent

Date

Reason if not approved:

School Committee Approval - if required* _____

*Donations, Door-to-Door Solicitation, or other TBD

Date

Following the event, submit collected funds to the building Student Activity treasurer and complete the summary section below. Replicated records shall be distributed to the Business Office, Principal, and Superintendent of Schools.

Gross Receipts _____

Expenses _____

Profit _____

Signature of Advisor or Responsible Party