

FUNDRAISER REQUEST FORM

Please complete all sections of the form prior to submission to the applicable building principal.

Organization Benefiting:	Sponsor:
Has this fundraiser previously been held by this	organization?
If so, for how long?	
Description of the fundraiser:	
Include how the information will be shared and	sales completed, if applicable:
Request starting date:	Request anding date:



Facility(s) Needed:	
If you are using a facility,	you MUST fill out a Facility Request form
Vendor's name (if applicable):	Phone number:
· • • • • • • • • • • • • • • • • • • •	
Signature of Sponsor	Date
Signature of Principal	Date
Signature of Frincipal	Date
Signature of Superintendent	Date
APPROVED	NOT APPROVED