

Appendix A

REQUEST FOR FUNDRAISER

Organization Submitting Request: _____

Advisor / President: _____

Date of Request: _____

Fundraiser Start Date: _____

Fundraiser End Date: _____

Brief Description of Fundraiser:

Facilities Requested: _____ Yes _____ No

How will use the organization use the funds?

Participants: Parents Only _____ Students & Parents _____

Requester's Signature _____ Date _____

Athletic Secretary Signature _____ Date _____

Principal's Signature _____ Date _____