

REQUEST FOR FUND RAISER

Organization Submitting Request _____

Advisor _____ Date Of Request _____

Fund Raiser Start Date _____ Fund Raiser End Date _____

Brief Description of Fund Raiser _____

Facilities Requested _____ Yes _____ No _____
(If yes please submit "Application of Use of School Facilities)

How will the organization use the funds? _____

Participants:

Parents Only _____

Students & Parents _____

Requester's Signature _____ Date _____

Mrs. Early's Signature _____ Date _____

Principal's Approval _____ Date _____