

## REQUEST FOR FUNDRAISER

Club / Group / Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
Name Phone No.

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

Project / Activity / Event: \_\_\_\_\_

Type of Fundraiser:

(Please check one)

- Door-to-Door
- In-House
- Community to Students

Vendor: \_\_\_\_\_

Beginning Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Location of Fundraiser: \_\_\_\_\_

Intended Customer: \_\_\_\_\_

\_\_\_\_\_  
Student Activities Director

\_\_\_\_\_  
Superintendent

**PLEASE NOTE:** After securing the Student Activities Director's signature, please forward this request to the Superintendent's Office for calendar approval. The project or activity is **not** approved without the Superintendent's signature. This request is **null and void** if previous fundraisers have **not** been cleared with the Treasurer's Office.

***Board Policy 9210 requires that games of chance must have prior approval from the Board of Education.***