



## REQUEST FOR APPROVAL OF FUND-RAISING ACTIVITY FOR 2024-2025

Organization:

- |  |  |
|--|--|
| <input type="checkbox"/> Student/Campus Activity     | <input type="checkbox"/> Booster Club                      |
| <input type="checkbox"/> Parent-Teacher organization | <input type="checkbox"/> Other school-support organization |

Name of the sponsoring organization: \_\_\_\_\_

Name of the sponsor: \_\_\_\_\_

Campus: \_\_\_\_\_

Project: \_\_\_\_\_

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

Vendor's address: \_\_\_\_\_

Date of project: \_\_\_\_\_

Length of project: \_\_\_\_\_

Name of person who will be handling the project's money: \_\_\_\_\_

Purpose/Benefit to the school or District: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Sponsor's signature Date

\_\_\_\_\_  
Principal's signature Date

\_\_\_\_\_  
Superintendent's signature Date

☐ DOCUMENTED ON DISTRICT CALENDAR \_\_\_\_\_