

Outside School-Related Organization
Fund-Raising Activity Request

NAME OF ORGANIZATION: _____

TYPE OF EVENT: _____

LOCATION: _____ TIME OF EVENT: _____

DATES: From: _____ To: _____

TYPE OF ITEMS TO BE SOLD: _____

TO BE PURCHASED FROM: _____

NUMBER TO BE SOLD: _____

ANY OTHER NECESSARY INFORMATION: _____

SUBMITTED BY: /S/ _____ (President of Organization) _____ (Date)

RECEIVED BY: /S/ _____ (Bookkeeper) _____ (Date)

APPROVED BY: /S/ _____ (Principal) _____ (Date)

Complete and give to the bookkeeper who will make copies and distribute as follows:

Original – Bookkeeper

1st Copy – President of Organization

2nd Copy – Student Activities Director

(Revised 7/2002)