

ADULT FUND-RAISING
REQUEST FORM

NAME OF ORGANIZATION: _____

DESCRIPTION OF
FUND-RAISING ACTIVITY: _____

BEGINNING DATE OF PLANNED ACTIVITY: _____

ENDING DATE OF PLANNED ACTIVITY: _____

PURPOSE FOR MONEY RAISED: _____

Signature of Adult Organizer

Signature of Coach or District Employee Sponsor

Adult Organizer Mailing Address:

Home Phone number: (____) _____ Cell Phone number: (____) _____

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Reviewed by: _____
Building Principal/Supervisor

Dated



Request Granted



Request Denied

CC: Office of Superintendent

[Type here]