

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

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Request Denied