

**Fund Raising Form**

Organization: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Date(s) of Sales/Activity: \_\_\_\_\_

Person Supervising: \_\_\_\_\_

Description of Sale/Activity:

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How will funds be spent:

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Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- **Requests must be submitted a minimum of two weeks prior to the start of sales/activities.**