

**Athena-Weston
School District 29J**

Code: **IGDF-AR**
Revised/Reviewed: 8/10/15

Student Fund-Raising Activity Request

This form is to be forwarded to the superintendent's officer for his/her notification.

Date: _____ Organization/Team/Class: _____

Reason for fundraiser: _____

Description of fundraising activity: _____

Anticipated revenue: _____

Is merchandise charged to organization, advisor, school, etc.? What is the method for payment?

Date(s) for fundraising activity: _____

Signature of advisor/coach: _____

This fundraising activity **has** been approved: _____

This fundraising activity **has not** been approved for the following reason(s): _____

Principal

Date

Superintendent

Date