

North Marion School District 15

Code: **IGDF-AR**
Adopted: 10/10/94

Student Fund-Raising Activity Request

DATE: From _____ To _____

To Whom it May Concern:

The North Marion School District does hereby authorize:

(Name of Individual Receiving Authorization)

to sell _____
(Name of Product/Item for Sale)

for the purpose of raising funds for

(Funds to be Used For)

(Signature of Person Authorizing Sales) (Date)

(Signature of Fund Raiser Coordinator) (Date)

Any questions regarding this fund raising activity should be directed to the person authorizing sales.