Nyssa School District 26

Code: **IGDF-AR**
Revised/Reviewed: 6/11/01; 10/13/08
Orig. Code(s): 6-0500

Student Fund-Raising Activity Request

This form is to be forwarded to the superintendent's office before the activity is initiated.

Date: _____ Organization/Team/Class: _____

Reason for Fund Raiser: _____

_____

Description of Fund-Raising Activity: _____

_____

Anticipated Revenue: _____

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

_____

_____

Date(s) for Fund-Raising Activity: _____

Signature of Advisor/Coach: _____

This fund-raising activity has been approved: _____

_____

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

_____

_____ _____

Principal Date Superintendent Date

1 copy Superintendent 1 copy Advisor/Coach 1 copy Principal