

**Nyssa School District 26**

Code: **IGDF-AR**  
Revised/Reviewed: 6/11/01; 10/13/08; 10/23/14;  
12/12/16  
Orig. Code(s): IGDF-AR

**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 \_\_\_\_\_

**All student activity funds will be receipted and deposited according to district policy and acceptable accounting procedures. All activity accounts will be audited.**

1 copy Superintendent    1 copy Advisor/Coach    1 copy Principal