

Student Fund-Raising Activity Request

Date: From _____ To _____

To Whom it May Concern:

The Willamina 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.