



FUND RAISING AUTHORIZATION

School _____ Date of Request _____

Student organization name _____

Sponsor's name _____

Funds to be used for _____

Project identified in budget _____ Yes _____ No

Starting date of Fund Raising _____ Ending date of Fund Raising _____

Check appropriate line(s):

_____ Activity to be limited to school premises

_____ Activity to be limited to the community

_____ Community solicitation plus school

Project Description:

Merchandise to be sold _____

Cost per item \$ _____

Vendor _____

Total purchase price to organization \$ _____

Total anticipated sales \$ _____

Sponsor's Signature

School Activities Director's
Signature

Principal's Signature

Send a copy of this form to the District Director of Student Activities.