I.S.D. #317

FUNDRAISING APPLICATION

Club/Organization: _____

Advisor(s): _____

Date of Request: _____

Fundraiser (what): _____

Purpose of Fundraiser (why): _____

_____

_____

Location:

___ In School Only
___ In Community Only
___ Both School & Community

Beginning Date: _____

Completion Date: _____

Approval _____

Disapproved _____ Reason _____

_____

_____

Administrator Signature: _____

NOTE: If the above requested fundraiser involves the community the Superintendent must also sign this form.

Superintendent's Signature: _____