GANADO ISD FUNDRAISER REQUEST FORM

Organization/Group: _____

Date request submitted: _____

Sponsor(s) in charge of fundraiser: _____

Date(s) fundraiser to be held: _____

Purpose of fundraiser:

_____

_____

_____

_____

_____

What are you doing to raise money?

_____

_____

_____

Requesting Sponsor: _____Date: _____

Campus Principal Approval/Denial: _____Date: _____

Superintendent Approval/Denial: _____Date: _____

Reason Denied:_____

*****ALL SIGNATURES ARE REQUIRED BEFORE FUNDRAISER CAN BEGIN*****

ONLY TWO FUNDRAISERS PER ORGANIZATION PER YEAR IS ALLOWED