Today's Date:		School:		
Student Organization:		Advisor:		
Organizer:	Email:		Cell #:	
Specific reason for fundraisi	ng activity:			
Date(s):	Rain Date(s):	Ti	me(s):	
TYPE OF FUNDRAISER (Ch	oose one.)			
Event (e.g., car wash, din	ne to donate, auction/raffle, clothing drive	, performance, service) <b>T</b>	ype:	
Product Sale (e.g., appa	arel & accessories, food, flowers, coupon	books, discount cards, b	racelets) <b>Type:</b>	
Direct Appeal (e.g., can	shake, donations, Go Fund Me) Type:_			
Participating Members:				
FILL OUT THIS SECTION FO (Please note: No door to door soli	R PRODUCT SALE ONLY: icitation, selling sugar products on school pre	mises and/or written messa	ges attached to a product is permitted.)	
If selling a product, how wil	ll it be sold?			
Product(s):				
Cost involved:				
How will it be financed?				
	ut penalty? Yes No			
Can units be returned withou				

**Advisor/Organizer Agreement Signature:** Check box if you agree to the statement above.

FOR OFFICE USE ONLY:						
	Resolution:	Approved	Denied	Administrator Signature:	Date:	
	Resolution:	Approved	Denied	Building Principal Signature:	Date:	
	Resolution:	Approved	Denied	Superintendent Signature:	Date:	