

FUNDRAISING REQUEST FORM

SUBMIT FORMS TO THE ASSISTANT SUPERINTENDENT FOR BUSINESS
AT LEAST 45 DAYS PRIOR TO THE SCHEDULED EVENT



Building Principal:		Date Submitted:	
Student Organization:		Activity Location:	
Subject to NY Sales Tax:	Yes No	Location Reserved*:	Yes No
Fundraising Activity:		Date(s) of Activity:	

Rationale/Historical

How will monies be used?

# of Participants:		Grade Level:	
Adult Supervision #: (Names/Positions)			
Company Name & Address:			
Price of Item:		Cost to Customer:	
Guarantee:	Yes No		

Signature of Applicant: _____

** If activity location is on school property, space must be reserved through Help Desk/School Dude prior to submitting Fundraising form.*

Yes No

Approved: _____ **Date:** _____
(Building Principal Signature)

Date Approved by the BOE:	
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