

LINE MOUNTAIN SCHOOL DISTRICT
FUNDRAISING/SOLICITATION REQUEST

NAME OF ORGANIZATION: _____

DATE OF REQUEST: _____

FUNDRAISING ACTIVITY INFORMATION:

Brief Description of the product or service: _____

Method of selling: _____

Cost to the public: _____

Projected profit margin: _____

Date(s) of activity: _____ thru _____
Month Date Month Date

Product Distribution date(s): _____

Name of organization TREASURER: _____

Signature of organization TREASURER: _____

Signature of organization SPONSOR/ADVISOR: _____

APPROVED: _____ DISAPPROVED: _____

PRINCIPAL SIGNATURE: _____ DATE _____

ACTIVITIES COORDINATOR: _____ DATE _____

SUPERINTENDENT: _____ DATE _____

REASON FOR DISAPPROVAL: _____

NOTE: ALL REQUESTS FOR FUNDRAISING MUST BE APPROVED BY THE BUILDING PRINCIPAL WHO IN TURN MUST SUBMIT TO THE BUSINESS OFFICE AT LEAST 2 WEEKS PRIOR TO THE ACTIVITY!!!!