

Wynnewood Public Schools

Request for Fund Raising Activity

1. Group Making Request: _____
2. Sponsor: _____
3. Type of Activity: _____
4. Date (s), Time, and Location of Activity: _____

5. Anticipated Revenue: _____
6. Specific uses for funds raised: _____

Signed _____

Date _____

Approved by: _____
Administrator/Principal Date

.....
For Office Use Only

Approved

Denied

By the Board of Education _____
Date