EASTLAND INDEPENDENT SCHOOL DISTRICT

REQUEST FOR APPROVAL OF FUNDRAISING ACTIVITY

ORGANIZATION: _____

CAMPUS: _____

PROJECT: _____

_____

VENDOR: _____

VENDOR ADDRESS: _____

_____

NAME OF REP: _____

DATE OF PROJECT: _____

LENGTH OF PROJECT: _____

EXPECTED PROFIT: _____

PURPOSE: _____

_____

_____

SCOPE OF SOLITATIONS: _____

_____

SPONSOR SIGNATURE

_____

PRINCIPAL SIGNATURE

_____

SUPERINTENDENT SIGNATURE