

Wynnewood Public Schools

Request for Fund Raising Activity

Group Making Request: _____

Sponsor: _____

Type of Activity: _____

Date(s) _____ **Time of Activity:** _____

Location of Activity: _____

Anticipated Revenue: _____

Specific uses for funds raised: _____

Signed _____

Sponsor

Date

Approved by: _____

Administrator / Principal

Date

.....

.....

For Office Use Only

Approved

☐

Denied

☐

By the Board of Education _____

Date