



CHILTON INDEPENDENT SCHOOL DISTRICT

BRANDON HUBBARD, SUPERINTENDENT
JENNIFER SHARP, SECONDARY PRINCIPAL
CANDICE ROSS, ELEMENTARY PRINCIPAL
AMBER LIPSEY, DISTRICT COUNSELOR
CHRIS JAMES, ATHLETIC DIRECTOR

FUNDRAISING REQUEST FORM

Teacher/Club: _____

Fundraising Company/Group:

Name: _____

Address: _____

Phone: _____

Date of Activity(s): Begin: _____ End: _____

Details and Purpose:

Initial Investment: _____

Estimated Earnings: _____

Does the fundraiser have a contract? ☐ Yes ☐ No

Today's Date: _____

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FOR ADMINISTRATION USE ONLY

APPROVAL

DENIED

Approval Date: _____

Denied Date: _____

Principal's Signature: _____

Date: _____

Superintendent Signature: _____

Date: _____

CHILTON INDEPENDENT SCHOOL DISTRICT

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