

Log #: \_\_\_\_\_

**Sweetwater County School District #2**  
**FUND RAISER**  
**Activity Request Form**

Name of Organization Requesting Fundraiser: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Name of Person Requesting: \_\_\_\_\_

Fund-raiser is not approved until all signatures are secured. The building principal/supervisor and activity has final approval responsibility.

**Fund Raiser Information**

Description of the Fund Raiser: \_\_\_\_\_

\_\_\_\_\_

**Fundraisers will follow the District Wellness Policy Guidelines.**

Will this Fundraiser Require Door-to-Door sale? YES NO

Will Items be Sold? YES / NO (circle one)

If Yes –	Item	Cost (to the public)
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

Start Date of Fundraiser \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date of Fundraiser \_\_\_\_/\_\_\_\_/\_\_\_\_

What account will the money be deposited into? \_\_\_\_\_

What will the funds be used to purchase? \_\_\_\_\_

Name of the Adult in Charge of the Event: \_\_\_\_\_

Note: This form must be completed and approved a minimum of 7 days prior to the scheduled event.

X \_\_\_\_\_ Date: \_\_\_\_\_  
 (Fundraiser Sponsor)

X \_\_\_\_\_ Approved/Denied Date: \_\_\_\_\_  
 Building Principal/Supervisor

X \_\_\_\_\_ Approved/Denied Date: \_\_\_\_\_  
 Activities Director

Completed form should be submitted to the activities director office.

Revised and Approved: October 13, 2020