

Des Arc High School Fundraising Request Form

Date:_____ Requested By:_____

Name of Organization:_____

Sponsor(s):_____

Fundraiser Start Date:_____

Fundraiser End Date:_____

Description of Fundraiser:

***Please return this form to Mr. Paschal for approval before beginning the fundraiser.**

***Please email Mrs. Natasha for a receipt book once your fundraiser has been approved.**

Good luck with your fundraiser! Go Eagles!

Approved_____ Denied_____

Principal Signature: _____

Superintendent Signature: _____