

SMACKOVER HIGH SCHOOL

#1 Buckaroo Lane  
Smackover, AR 71762  
870-725-3132

*REQUEST FOR FUNDRAISER APPROVAL*

Date: \_\_\_\_\_

Group: \_\_\_\_\_

Type of fundraiser  
and how funds  
will be raised: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Beginning Date of Fundraiser: \_\_\_\_\_

Ending Date of Fundraiser: \_\_\_\_\_

Date of Fundraiser: \_\_\_\_\_

Reason for Fundraiser: \_\_\_\_\_

Amount in Account Now: \_\_\_\_\_

Signatures

\_\_\_\_\_  
Sponsor

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Superintendent