

**PALMYRA R-I SCHOOL DISTRICT
FUND RAISER REQUEST FORM**

(Date of request)

(Name of faculty sponsor making request)

Name of Organization: _____

Name of Sponsors: _____

Purpose of Fundraiser (be specific): _____

Amount to be raised: _____

Time Frame: beginning date: _____ ending date: _____

Number of years doing this specific fundraiser: _____

Description of the fund raiser: (Products, service, people involved, estimated cost/profit%, special rules, company, etc.) _____

Probable number of students involved: _____

Grade levels of students involved: _____
+*****+

FOR ATHLETIC DIRECTOR'S AND SUPERINTENDENT'S USE

ATHLETIC DIRECTOR: ___ APPROVED ___ DISAPPROVED

SUPERINTENDENT: ___ APPROVED ___ DISAPPROVED

Other fund raisers occurring during time period of request: _____

Reason for Disapproval: _____

(Athletic Director's Signature)

(Superintendent's Signature)

Date: _____ Date: _____

Both signatures indicate that the fundraiser has been approved for master district fundraiser list.

