

(To Be Completed by School Affiliated Groups Only)

SCHOOL DISTRICT OF CAMBRIDGE
REQUEST FOR FUND RAISER

Name of Organization: _____

Is this an Annual Fundraiser? _____

Grade Level of Students Involved _____

PURPOSE OF FUNDRAISER:

TYPE OF FUNDRAISER: (Please be as specific as possible):

DATE(s) OF FUND RAISER: Begins: _____ **Ends:** _____

I have read and will abide by the guidelines in Board Policy #374, Student Fund Raising

ADVISORS/COACH SIGNATURE

Date

Please submit to building administrator for approval.

Approval by Building Administrator:

Approved _____ Disapproved _____

Signature

Date