

**OUTSIDE SCHOOL - RELATED ORGANIZATION
FUND-RAISING ACTIVITY REQUEST**

NAME OF ORGANIZATION: _____

TYPE OF EVENT: _____

PURPOSE OF EVENT: _____

LOCATION: _____

FROM: _____, 20____ TO _____, 20____

TYPE OF ITEMS TO BE SOLD: _____

NUMBER TO BE SOLD: _____

ANY OTHER NECESSARY INFORMATION: _____

SUBMITTED TO:

/S/ _____
President of Organization Date

RECEIVED BY:

/S/ _____
Bookkeeper Date

APPROVED BY:

/S/ _____
Principal Date

Complete and give to the bookkeeper who will make copies and distribute as follows:

Original Bookkeeper
1st Copy President of Organization