

# **FUNDRAISER REQUEST FORM**

DATE: \_\_\_\_\_

ADVISOR'S NAME: \_\_\_\_\_

REQUESTING CLASS/CLUB/SPORTS TEAM: \_\_\_\_\_

TYPE OF FUNDRAISER: \_\_\_\_\_

REQUESTED DATES FOR SELLING: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE DISTRICT OFFICE FOR APPROVAL.  
WE WILL MAKE AN EFFORT TO APPROVE THE REQUESTED DATES BUT THERE IS NO GUARANTEE**

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OFFICE USE ONLY

Approved ☐ Denied ☐ Alternate Dates Recommended \_\_\_\_\_

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

cc: District office, Advisor