

Today's Date: _____

**MARYSVILLE PUBLIC SCHOOLS
FUNDRAISING REQUEST FORM**

Group: _____

Group Sponsor/Advisor: _____

School: High School _____ Middle School _____
 Elementary _____ Other _____

Description of Fundraising Activity (Please include item(s) to be sold, cost and process of fundraising):

Amount of money to be raised: \$ _____

Selling Period: From: _____/_____/_____ To: _____/_____/_____

Vendor's Name: _____

How will monies generated be used by the group?

Sponsor's/Advisor's Signature: _____ Date: _____

Athletic Director's Signature (If Necessary): _____ Date: _____

Building Principal's Signature: _____ Date: _____

Date that approved form was faxed to Superintendent's Office (364-3150): _____

Per Board Policy 3800, "All student participation in fundraising projects shall be voluntary".