

REMSEN CENTRAL SCHOOL DISTRICT



FUNDRAISING REQUEST

Elementary

High School

Date of Request: _____

Group/Class/Organization: _____

Group/Class/Advisor Name: _____

Group/Class/Advisor Treasurer Name: _____

Date of Fundraiser: Start: _____ End: _____

Description of Fundraiser: _____

Intended Use of Proceeds: _____

Group/Class/Advisor Signature: _____

Building Principal Signature: _____

*** All request must be received and approved by the Superintendent at least three (3) weeks in advance of fundraiser.*

Approved

Disapproved

Superintendent of Schools

Date

cc: Lou D'Ambro, School Business Administrator