

INDIAN RIVER SCHOOL DISTRICT
Selbyville, Delaware

FUND-RAISING REQUEST FORM

To: Superintendent/Designee Date: _____

From: _____ School/Building: _____
Principal

Name of Organization: _____

Sponsor/Individual in Charge: _____

Product, Material, Publications to Sell, or Fund-Raising Activity:

Proposed Use of Funds:

Cost of Product, Admission Charges, etc.:

Date of Activity: _____

Duration of Activity (if more than one day): _____

Alternate Date (if inclement weather would require a change): _____

Comments Concerning Past Experience, etc. Involved With the Company or Product:

_____ This fund-raiser is in compliance with Board of Education Policy.

_____ APPROVED _____ NOT APPROVED _____
Principal's Signature

_____ APPROVED _____ NOT APPROVED _____
Superintendent Date