

**Request for Approval
Fund Raising Activity
Canton School District 41-1**

Group/Organization: _____

Advisor Name/Position: _____ **Date of Request:** _____

Description of Proposed Fund Raiser – items to be sold, intended buyers: _____

Location, Dates and Times of Proposed Fund Raiser: _____

Estimated Net Proceeds of Activity (after expenses): _____

Please describe the specific use of the fund raiser proceeds: _____

Advisor Requesting Fund Raiser Authorization: _____ **Date** _____
(Signature)

- _____ **Request Approved**
- _____ **Request Approved with Modifications**
- _____ **Request Denied, please Revise and Re-submit**
- _____ **Request Denied**

Activity Director Signature: _____ **Date** _____

Principal or Supt Signature: _____ **Date** _____

Additional Notes or Information: _____

