

Regional School Unit 1 Fundraiser Request Form

SCHOOL: _____

TEACHER(S)/ORGANIZATION: _____

GRADE(s): _____

TYPE OF FUNDRAISER: _____

LOCATION OF FUNDRAISER: _____

DATE(S) OF FUNDRAISER: _____

PURPOSE OF FUNDRAISER: _____

PREPLANNING ACTIVITIES: _____

GOALS & OBJECTIVES: _____

Person in Charge of Fundraiser

Date

Principal/Director

Date

Superintendent of Schools

Date

FOR OFFICE USE ONLY

- | | |
|---|---|
| <input type="checkbox"/> Copy to Teacher/Organization | <input type="checkbox"/> Copy to Principal/Director |
| <input type="checkbox"/> Copy to Superintendent | <input type="checkbox"/> Copy to Board Members |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |