

**GRANDVIEW INDEPENDENT SCHOOL DISTRICT
FUND RAISING ACTIVITY PERMISSION REQUEST**

Name of School/Group _____

Permission is requested to conduct the following fund raising activity:

Specific purpose(s) for which the net proceeds are to be used.

The following activity fund account will receive the net proceeds:

Date: Beginning _____ Ending _____

Time of Day (if applicable) _____

Fundraisers involving public sales are limited to 2 per year, per group.

This is the _____ money raising activity for this semester that I have requested on behalf of _____

I, _____ have requested permission to conduct a fund raising activity, and I will be responsible for the preparation of the operating report, the accountability of all monies collected at the conclusion of the money raising activity, and I will turn in all records to the principal and or financial clerk.

_____ Date _____

Signature of Sponsor or Teacher

APPROVED BY:

PRINCIPAL _____ **Date** _____

SUPERINTENDENT _____ **Date** _____