

CARVER PUBLIC SCHOOLS  
**REQUEST FOR FUND-RAISING**

**Organization:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Purpose of fund-raising activity (Educational Value):**

**Dates of fund-raising activities:**

**Items to be sold or description of fund-raising activity:**

**Contact Person:** \_\_\_\_\_

☐ Approved      ☐ Not Approved

\_\_\_\_\_  
Principal      Date

☐ Approved      ☐ Not Approved

\_\_\_\_\_  
Superintendent      Date