

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:** \_\_\_\_\_

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<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	_____	Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	_____	Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	_____	Date

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Copy: Applicant / Principal / Athletic Director  
REF: Policy JJE