

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: _____

<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	_____	_____
		Athletic Director (<i>for Athletics</i>)	Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	_____	_____
		Principal	Date
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	_____	_____
		Superintendent	Date

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