

ALPENA PUBLIC SCHOOLS

REQUEST FOR FUND-RAISING ACTIVITY

This form is to be completed and submitted to the Principal (or Athletic Director if request is made by a Booster Group or Sports Team) prior to commencing any fund-raising activities that involve students.

Name of Organization/Group: _____

Advisor/Coach/Representative: _____ Date of Fund-Raiser ____/____/____

How will students be supervised? _____

Type of fundraiser: "Service" (bake sale, dinners, car washes, bottle drives). *This type of fund-raiser is unlimited as to the number of such fund-raisers you may have in one (1) year.*

Description of Fund-Raiser _____

"Sales" (Person-to-Person, i.e. candy, pop, cheese, wrapping paper, etc.) **LIMITED TO ONE (1) PER SCHOOL YEAR.**

Description of Fund-Raiser _____

Money to be used for: _____

Person managing the funds: _____

Estimated Revenue: _____



_____ Fundraiser Approved

_____ Fundraiser NOT Approved

Signature: _____
(Must be approved by either the Building Principal or Athletic Director)

Date: _____