

**WILLISTON SCHOOL DISTRICT 29
FUNDRAISING REQUEST FORM**

Date submitted: _____

School and organization: _____

School sponsor: _____

Date of fundraiser: Beginning date: _____ Ending date: _____

Type of fundraiser: _____

Selling price of service/product: _____

Anticipated cost of hosting fundraiser: _____

Anticipated profit per service/item: _____

Company or supplier name from which items or activity will be purchased: _____

Reason for fundraiser (clearly state what funds will be used for): _____

Sponsor's signature _____

Date _____

____ Approved ____ Denied

Principals' signature _____

Date _____

____ Approved ____ Denied

Superintendent's signature _____

Date _____

Restrictions: _____

Please submit duplicate copies of request to superintendent's office prior to activity.