

# Glens Falls Common School District

## REQUEST FOR FUND-RAISER

Explain the type of fund-raiser (i.e., Catalog, magazine sale, t-shirt, etc.)

Beginning Date \_\_\_\_\_

Ending Date \_\_\_\_\_

Areas, room or facilities requested \_\_\_\_\_

On campus Use. If any part of the campus is needed, a building use request form must be completed.

Signature of person(s) responsible for the Organization and Group Making Requests

Name \_\_\_\_\_ Group \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Address \_\_\_\_\_

Student Contact \_\_\_\_\_ Time Period \_\_\_\_\_ Location \_\_\_\_\_

Permission is hereby granted for this fund-raiser. Please note any special requirements below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permission is not granted for the following reason:

\_\_\_\_\_  
\_\_\_\_\_

Please fill out the top section of this sheet and submit it to Mrs. Vogel in the main office. One copy will be returned to you with approval or disapproval.

\_\_\_\_\_  
Brian George, Superintendent

\_\_\_\_\_  
Date