

THE ENLARGED CITY SCHOOL DISTRICT OF MIDDLETOWN
REQUEST FOR FUNDRAISING ACTIVITY

Organization: _____ School Year: _____

Advisor: _____

Activity requested: _____

Funds will be used to: _____

Estimated amount needed: \$ _____

Date(s) requested: _____

Duration of activity: _____

Signature: _____ Date: _____
Advisor

Approved: _____ Date: _____
Building Principal

Disapproved for the following reason(s): _____

Superintendent's Approval _____ Date: _____