

SEAFORD UNION FREE SCHOOL DISTRICT

FUNDRAISING ACTIVITY REQUEST FORM

Date: _____

Fundraising Activity: _____

Club/Group Sponsoring Activity: _____

Building: _____ Date of Activity: _____

Place Where Activity Will Occur: _____

Faculty Member Supervising Activity: _____

Charge "Basis": _____

Total Estimated Amount to be Collected/Raised: _____

Anticipated Use of Funds: _____



Fundraising Faculty Supervisor's Approval: _____ Date: _____

Building Administrator/Program Director Approval: _____ Date: _____

Assistant Superintendent Approval: _____ Date: _____

Superintendent of School's Approval: _____ Date: _____