

Neshoba County School District
Request for Fund Raising Activity

Club/Organization Name: _____

Vendor/Company: _____

Type of Product for Fundraising: _____

How will the funds raised be used: _____

Detailed description of Fundraising activity: _____

Proposed Date of Activity Beginning Date: _____

Ending Date: _____

Expected Expense/Investment: _____

Expected Profit: _____

Sponsor(s) Signature(s): _____

Approved: _____

Principal

Date

School Board Approval: _____