

FUNDRAISING ACTIVITY REQUEST FORM

Please fill in one form for each activity your club/organization is requesting.

Today's Date _____

Club/organization making request: _____

The above group is requesting permission to conduct the following activity in compliance with the regulations and policies of Northern Adirondack Central School.

ACTIVITY PLANNED: _____

Indicate the appropriate category:

_____ FUNDRAISING EVENT

_____ SERVICE PROJECT

_____ OTHER

ACTIVITY/SALE DATE(S) REQUESTED:

Date Beginning _____ Time (if applicable) _____

Date Ending _____ Time (if applicable) _____

Are chaperones required? _____ YES _____ NO

If Yes, list names:

_____	_____
_____	_____
_____	_____

The above named Club/Organization understands the request of the above activity and assumes responsibility for its conduct.

Activity President Signature _____

Activity Advisor Signature _____

_____ Approved _____ Denied

Administrator Signature _____ Date _____