

Revised: May 2016

**GREENVILLE PUBLIC SCHOOL DISTRICT
FUNDRAISER REQUEST FORM**

Date Form Submitted: _____ **School / Site:** _____

Department: _____
(Ex: Boosters, Student Clubs, PTA, etc.)

Type of Fundraiser: _____
(Ex: Candy, Movie Day, etc.)

Beginning Date/Time: _____ **Ending Date/Time:** _____

Location of Fundraiser: _____
(Ex: Football game, Greenville Mall, school campus)

Purpose of Fundraiser:

(Ex: To raise funds for field trip or EOY Activities)

Projected Amount to be raised: \$ _____ **Approx. number of tickets needed:** _____

Name of person(s) responsible for funds collected

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Principal **Date** _____
() Approved () Denied

Associate Administrator of Operations **Date** _____
() Approved () Denied

Business Manager **Date** _____
() Approved () Denied

Superintendent **Date** _____
() Approved () Denied

(Must be requested at least 5 days in advance)