

FUND RAISER REQUEST FORM - WARNER HIGH SCHOOL

DATE: ____/____/____

REQUESTED BY: _____

NAME OF ORGANIZATION: _____

REASON FOR FUND RAISER: _____

DESCRIPTION OF ACTIVITY: _____

DATE(S) OF FUND RAISER: _____

SPACE DESIRED: GYM _____ CAFETORIUM _____

OTHER - EXPLAIN: _____

SPECIAL ARRANGEMENTS: _____

SPEAKER STAND NEEDED? _____

DO YOU NEED TO DECORATE? _____

IF YES, WHAT DAY? _____

WHAT TIME? _____

IS A MEAL TO BE SERVED? _____

COOKS, ETC. NEEDED? _____

PRINCIPAL: _____

DATE: ____/____/____

APPROVED: _____

NOT APPROVED: _____

SUPERINTENDENT: _____

DATE: ____/____/____

APPROVED: _____

NOT APPROVED: _____

RETURN TO ORGANIZATIONAL ADVISOR WHEN APPROVED OR NOT APPROVED.