

**ORE CITY INDEPENDENT SCHOOL DISTRICT
Request for Fund Raising Activity**

Organization: _____

Campus: _____

Project: _____

Vendor (if applicable): _____

Date of Activity: _____

Length of Project: _____

Use of funds generated:

Sponsor's Signature _____ Date _____

Principal's Signature _____ Date _____

Approved _____

Denied _____

Superintendent's Signature _____ Date _____

Approved _____

Denied _____