

Port Jervis School District
REQUEST TO CONDUCT FUNDRAISING FORM

ORGANIZATION/GROUP	DATE	
CONTACT PERSON	DAYTIME TELEPHONE NUMBER	
DESCRIPTION OF FUNDRAISING PROJECT INCLUDING PLANNED USAGE OF PROFIT		
DATE(S) OF PROJECT: _____		
IS THIS A NEW PROJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
_____	_____	
CONTACT PERSON'S SIGNATURE	DATE	
_____	_____	<input type="checkbox"/> APPROVED
PRINCIPAL'S SIGNATURE	DATE	<input type="checkbox"/> NOT APPROVED
_____	_____	<input type="checkbox"/> APPROVED
ASSISTANT SUPERINTENDENT'S SIGNATURE	DATE	<input type="checkbox"/> NOT APPROVED

Original to: A.S.I. Files

Copies to: Principal and Contact Person