

DUNCAN INDEPENDENT SCHOOL DISTRICT #001
 ACTIVITY FUND RAISER REQUEST
PLEASE COMPLETE ALL BLANKS

DATE OF REQUEST _____ FY _____ SITE _____

GROUP REQUESTING APPROVAL _____

ESTIMATE OF NUMBER OF STUDENTS INVOLVED _____

PURPOSE FOR WHICH FUNDS ARE BEING SOUGHT (BE SPECIFIC)

	DESCRIPTION	BEGINNING DATE	ENDING DATE
1			
2			
3			

	ESTIMATED SALES	ESTIMATED EXPENDITURES	ESTIMATED PROFIT
1			
2			
3			

 SPONSOR'S SIGNATURE

 PRINCIPAL'S SIGNATURE

BOARD OF EDUCATION AUTHORIZATION:

SIGNATURE _____ DATE _____