

**WARWICK SCHOOL DISTRICT
FUND RAISING/SOLICITATION REQUEST**

NAME OF ORGANIZATION: _____

DATE OF REQUEST: _____

FUND RAISING ACTIVITY INFORMATION:

BRIEF DESCRIPTION OF THE PRODUCT OR SERVICE: _____

METHOD OF SELLING: _____

COST TO THE PUBLIC: _____

PROJECTED PROFIT MARGIN: _____

DATE(S) OF ACTIVITY: _____ THRU _____
Month Date Month Date

PRODUCT DISTRIBUTION DATE(S): _____

NAME OF ORGANIZATION TREASURER: _____

SIGNATURE OF ORGANIZATION TREASURER: _____ DATE _____

SIGNATURE OF ORGANIZATION SPONSOR/ADVISOR: _____ DATE _____

APPROVED: _____ DISAPPROVED: _____

PRINCIPAL SIGNATURE: _____ DATE: _____

REASON FOR DISAPPROVAL: _____

**NOTE: ALL REQUESTS FOR FUND RAISING MUST BE APPROVED BY
THE BUILDING PRINCIPAL.**

**PRINCIPALS: AFTER YOUR APPROVAL, REQUESTS MUST BE
SUBMITTED TO THE BUSINESS OFFICE AT LEAST TWO WEEKS PRIOR
TO THE ACTIVITY.**