

Tiverton School District

Fund Raising Activity Request Please complete all sections of the form below and return to Building Principal

Only previously APPROVED groups can request fundraising approvals

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2. Where possible, requests should be	e submitted at least three weeks in	advance of the proposed activi	ity so that it may b	e discussed and reviewed.		
Date of Request :	Name of	Name of APPROVED organization:				
Contact Person (Please Print):				<u>_</u>		
Phone number	E-mail:			<u> </u>		
Fund Raising Activity Name:		Start date:	_			
Describe activity in detail and include	the location of the activity: (Failur	e to complete will result in retu	rn of the form and	denial of activity):		
Purpose of Fund Raiser, Including wha	at will be funded or purchased with	n the funds raised:				
With what school staff member/admi	nistrator did you discuss your inter	nt/need for the fundraiser?				
Your group must abide by all applicab available at www.tivertonschools.org	le school policies as they relate to	parent organizations and schoo	ol fundraising, refe	rence Policy # 1021 and Policy # 1231		
I have read/reviewed the school comr	mittee policy on fundraising and pa	arent organization requirements	s and guidelines ar	nd this request meets those guidelines:		
Organization Representative:						
	Signature		Print Name	e		
Principal:		APPROVED	DENIED	Comments:		
or	Signature	<u>-</u>				
Assistant Principal:		APPROVED	DENIED	Comments:		
	Signature					
Superintendent:	Cianakuna	_ APPROVED	DENIED	Comments:		
	Signature					