



ITAWAMBA COUNTY SCHOOL DISTRICT FUNDRAISER REQUEST FORM

SCHOOL: _____

ORGANIZATION: _____

SPECIFIC REASON FOR FUNDRAISER: _____

TIME FUNDRAISER WILL BE HELD: _____
(beginning date and ending date)

ITEM(S) TO BE SOLD: _____

PRICE PER ITEM *(if applicable):* _____

ESTIMATED NET PROFIT: _____

(Fundraiser sponsor Signature)

(Date)

(Principal Signature needed for approval)

(Date)

For Central Office Use Only:

Board Agenda Date: _____ **Board Action:** _____