



UNION COUNTY SCHOOL DISTRICT

Building a More Perfect UNION

REQUEST FOR FUND RAISING ACTIVITY

NAME OF CLASS/GROUP: _____

DATE OF ACTIVITY: _____

PURPOSE OF ACTIVITY: _____

DESCRIPTION OF ACTIVITY: _____

COMPANY: _____

PROFIT PERCENTAGE: _____

Signature of Sponsor(s)

Date

Signature of Principal

Date

Signature of Superintendent

Date