

HLV COMMUNITY SCHOOL DISTRICT FUNDRAISING FORM

Date _____

Name of Group/Individual Completing Request _____

Proposed Fundraising Project _____

Proposed Fundraising Dates _____

Purpose of Fundraising Project _____

Signature of Person Submitting Form _____

Approval Process

			signature	date
Activities Director	yes	no	_____	_____
Principal	yes	no	_____	_____
Superintendent	yes	no	_____	_____