

**LAKOTA LOCAL SCHOOLS
REQUEST FOR APPROVAL OF FUND RAISING ACTIVITY
SUBMIT THREE COPIES 30 DAYS PRIOR TO DATE OF SALE OR EVENT**

Name of Organization _____ Date _____

Building _____ Advisor(s) _____

Description of Project: _____

Cost for Item or Service (Selling Price): _____

Cost to Organization: _____

Anticipated Profit Per Item: _____

Total Anticipated Profit: _____

Intended Use for Income: _____

Date(s) of Sale or Event: _____

Name of Proposed Vendor or Company: _____

Address: _____

Phone: _____

Salesman/Representative _____

Signature - Student Representative

Signature - Advisor/Sponsor

Date

Date

Building Principal

Superintendent

Date

Date