



RICHARDTON-TAYLOR PUBLIC SCHOOLS FUND RAISER REQUEST FORM

Complete this form before conducting any fund raising activities. Complete fully and then hand in to building principal for approval. A fundraising number will be assigned upon approval.

Name of Organization	
Advisors	

Describe the Activity Being Proposed

Date of Fund Raiser		Please verify date is open before submitting request to office.
Start Date		
End Date		

Facility & Supply Needs – Please indicate The room(s), equipment, supplies & supplier	
Anticipated Profit	\$ _____
Anticipated Use of Funds	

Approvals

Student Organization Leader	Date
Building Principal	Date
Superintendent	Date