

Port Jervis School District  
REQUEST TO CONDUCT FUNDRAISING FORM

ORGANIZATION/GROUP	DATE
CONTACT PERSON	DAYTIME TELEPHONE NUMBER
DESCRIPTION OF FUNDRAISING PROJECT INCLUDING PLANNED USAGE OF PROFIT	
DATE(S) OF PROJECT: _____	
IS THIS A NEW PROJECT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
_____ CONTACT PERSON'S SIGNATURE	_____ DATE
<input type="checkbox"/> APPROVED	
_____ PRINCIPAL'S SIGNATURE	_____ DATE
<input type="checkbox"/> NOT APPROVED	
<input type="checkbox"/> APPROVED	
_____ ASSISTANT SUPERINTENDENT'S SIGNATURE	_____ DATE
<input type="checkbox"/> NOT APPROVED	

Original to: A.S.I. Files

Copies to: Principal and Contact Person