

**SONOMA VALLEY UNIFIED SCHOOL DISTRICT  
Fund Raising Approval Request Form**

\_\_\_\_\_  
Name (Person making Request)

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade/Class Involved

\_\_\_\_\_  
Other Groups Involved (if any)

EVENT: (Please describe in full detail: **1**) type of fund raising (i.e. magazine sales); **2**) Projected number of people/student participation who will be involved; **3**) Purpose of Proceeds.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Insurance Information (if required): \_\_\_\_\_

Projected Costs: \_\_\_\_\_ Expected Revenues: \_\_\_\_\_

\_\_\_\_\_  
Person Responsible for Receipts (dollars collected)

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Signature of Site Administrator

**Approved**

**Denied**

\_\_\_\_\_  
Deputy Superintendent

\_\_\_\_\_  
Date