

ACADEMY INDEPENDENT SCHOOL DISTRICT
REQUEST FOR APPROVAL OF FUND-RAISING ACTIVITY

Organization _____

Campus _____

Project _____

Vendor _____

Vendor's address _____

Name of representative _____

Date of project _____

Length of project _____

Expected profit _____

Purpose _____

Scope of solicitations _____

Sponsor's signature _____ Date

Principal's signature _____

Date

Superintendent of designee's signature _____

Date

Approved: _____

Denied: _____