



TOLLESON UNION HIGH SCHOOL DISTRICT

Request for Fundraising Activity

Name of Organization: _____ Current Date: _____

Type of Activity Desired: _____

Location of Activity: _____

Desired Date of Activity: _____ Second Choice: _____

Purpose of Sale - Use of Profits: _____

Selling Price: _____ Expected Profit: _____

Description of Activity: _____

President's Signature: _____

Sponsor's Signature: _____

If the sponsor will not be in attendance at the activity they must provide the name of the individual that will be responsible for the group.
Must be TV/ISD Certified Staff.

Responsible Adult: _____

StuGo Action

Approved

Disapproved

Date of Action: _____

Administration: _____

Reasoning if Disapproved: _____

Administrative Action

Approved

Disapproved

Date of Action: _____

Administration: _____

Reasoning if Disapproved: _____