

UNIVERSITY SCHOOLS

FUNDRAISING REQUEST

Sponsor please fill out the fundraising request and return to Kathy Bruning in the office.

Date of Application _____

Group Making the Request _____

Description of the Fundraising Activity _____

Targeted Audience for Sales _____

Justification for Raising Funds _____

Anticipated Revenues _____

Preferred Dates: 1st Choice _____

2nd Choice _____

Signature of Sponsor _____

Group Contact Person (if different than sponsor) _____

Phone Number _____

For Office Use:

Date: _____

Request Approved: _____

Director: _____

Request Denied: _____