

Stevens Point Area Public School District
Stevens Point, WI



FUND-RAISING REQUEST FORM

Date of Request: _____

School: _____

Organization/Club Advisor:

(First & Last Name) _____

Name of Organization/ Club: _____

Type of Fund-Raiser: _____

Purpose of Fund-Raiser: _____

Beginning Date: _____

Ending Date: _____

Estimated Income: _____

Estimated Expense: _____

Estimated Net Profit: _____

Applicant's Signature: _____ **Date:** _____

Building Principal Recommendation

Recommended: _____ **Not Recommended:** _____

Comments: _____

Principal's Signature: _____ **Date:** _____

District Approval

Approved: _____ **Not Approved:** _____

Comments: _____

**Director of Secondary
Education Signature:**

Date: _____