Garner ISD Request for Approval of Fund-Raising Activity

Organization:

Project:

Vendor:

Vendor's Representative:

Vendor's Address:

Vendor's Phone Number:

Vendor's Website:

Date(s) of project:

Expected profit:

Purpose or proposed use of funds:

Scope of solicitations:

_____

Sponsor/Requestor's Signature Date

_____ ☐ Approved ☐ Denied

Principal's Signature Date

_____ ☐ Approved ☐ Denied

Superintendent's Signature Date

Fundraiser Contact Name:
Contact's Email for approval/denial notification:

Please do not start advertising or fundrasing activities until you have received approval notification from Garner ISD.