



Log # _____

STUDENT FUND RAISING ACTIVITY REQUEST FORM

*Form must be completed in its entirety or will be returned to the requestor for completion.
Forms must be submitted two weeks before start of fundraiser.*

Date of Request _____ Date of Fundraiser _____

Name of GROUP requesting activity _____

Name of PERSON/COORDINATOR _____

Coordinator Email _____ Coordinator Phone _____

Type of Fundraiser and PURPOSE (organization) _____

How will the funds be earned? _____

Will the fundraiser be held on Westwood property (check one)? Yes No

If yes: location of event _____

Completed and approved Facilities Use Form must be attached

Is insurance documentation required? Yes No

HOW WILL THE FUNDS BE USED? Be specific _____

Are chaperones required? Yes No If yes, how many will participate? Number _____

Names of Volunteers	

Signature of Requester and Date

Signature of Principal and Date

Signature of Financial Officer and Date

Signature of Sr. Operations Officer and Date

Signature of Superintendent and Date

Date of Action: _____ Account Number: _____

** If the fundraiser is to raise funds for a particular field trip, please attach a copy of the Field Trip Request to this request. All Out of State Field Trips must be approved by Board of Education prior to the trip.*

The original form with complete signatures will be returned to the requestor.

