

MESA UNIFIED SCHOOL DISTRICT NO. 4

ACTIVITY/FUND RAISING REQUEST

SCHOOL _____ DATE _____

ORGANIZATION/CLUB _____ ACCT. No. _____

DESCRIPTION OF ACTIVITY (include the name of any vendor)

PROPOSED DATE OF ACTIVITY _____

PLACE OF ACTIVITY _____

PURPOSE OF ACTIVITY _____

TYPE OF FUND RAISER: Student Group With Parent Group
 On Campus Off Campus

IF JOINT FUND RAISER: Student Group Portion of Proceeds _____ %
 Parent Group Portion of Proceeds _____ %

If joint fund raiser attach a copy of the student group minutes approving the fund raiser and indicating the agreed split between the two groups. **The split should be based on the amount of effort devoted by each participating group.**

Date Submitted: _____

(Fund raisers must be filed with Student Funds 10 days prior to start.)

| | | | |
|-----------------------------------|---------------------------------------|----------------------|-------|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved | Student Officer | _____ |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved | Sponsor/Advisor | _____ |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved | Student Council | _____ |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Not Approved | School Administrator | _____ |

cc: Organization/Club School Administrator
 Student Council Student Funds