



Request for Fundraiser Approval

Fiscal Year: _____

San Juan
Unified School District

Name of School: _____

Note: This form must be approved prior to the event date.

Date this form was completed: _____

Proposed event: _____

Description of fundraiser: _____

Requesting Club/Organization: _____

Proposed Date of Event: _____

Contact Person: _____

Responsible Person for deposit: _____

Location of Proposed Activity: _____

Budget Plan (optional)

Other Information: _____

Club Representative:	_____		
(Middle and High School only)	Printed Name	Signature	Date

Club/Teacher Advisor:	_____		
(Middle and High School only)	Printed Name	Signature	Date

Food Service approval:	_____		
(only if selling food)	Printed Name	Signature	Date

Student Council Representative:	_____		
(Middle and High School only)	Printed Name	Signature	Date

Principal:	_____		
	Printed Name	Signature	Date

Received by Controller:	_____		
(High School only)	Printed Name	Signature	Date

Reason for denial (if applicable): _____
