

MILLBURY PUBLIC SCHOOLS

REQUEST FOR FUND-RAISING ACTIVITY APPROVAL

GROUP: _____

Group Representative:

Mailing Address:
(return approved form to)

Phone:

Advisor:

Nature of activity:

When will it occur?

Approximate amount to be raised:

Plans for use of funds:

Additional information:

Signature of Student Applicant

Date: _____

Signature of Advisor

Date: _____

Approval _____
Principal

Date: _____

Approval _____
Superintendent

Date: _____