

Union Local School District
Request for Approval of Fundraising Project

(Please type or print clearly when completing this form)

Name of Organization _____

Description of Sales Project _____

Type of Materials to be Sold _____

Estimated Number of Units to be Purchased _____

Estimated Total Cost of Materials to be Purchased \$ _____

Explain who is going to sell these items and to whom these items will be sold

Date(s) of the sale _____

Please provide any other information that you feel is important _____

Advisor(s) _____ Date _____

Building Principal _____ Date _____

(_____)Approve (_____)Deny _____
Treasurer _____ Date _____

(_____)Approve (_____)Deny _____
Superintendent _____ Date _____