

**SOUTH AMBOY SCHOOL DISTRICT
ACTIVITY/FUND RAISER REQUEST FORM**

Date Submitted: _____
Advisor(s): _____
Organization: _____
Proposed Activity: _____
Proposed Fund Raiser: _____
Date(s) of Event: _____
Time(s): _____ to _____
Location of Activity/Fund Raiser: _____

Note: If activity/fund raiser will require any use of facilities, a Use of Facilities Form must be submitted with this request.

Comments: _____

FORWARD TO BUILDING PRINCIPAL

I Approve _____ Disapprove _____ the above activity/fund raiser.

Signature of Building Principal _____
Date

Reason for Disapproval: _____
Comments: _____

FORWARD TO SUPERINTENDENT OF SCHOOLS

I Approve _____ Disapprove _____ the above activity/fund raiser.

Signature of Superintendent of Schools _____
Date

Reason for Disapproval: _____
Comments: _____

Return to Building Principal