FORM F.1
Revised: 10/2020

NEW BEDFORD PUBLIC SCHOOLS
STUDENT ACTIVITY ACCOUNT
FUNDRAISING REQUEST FORM

Request to Conduct a Student Activity Account Fundraiser

Submit to Finance & Operations for approval
at least three days before *the start of the fundraising event.*

School: _____

Fundraiser Title: _____

Requested Date(s) of Fundraiser: _____

Purpose of Fundraiser: _____

Location of Fundraiser: _____

Name of advisor responsible for fundraiser: _____

Plans for how funds will be used:_____

_____

Anticipated total amount of funds to be raised: $_____

Projected cost of goods and related expenses to conducting the fundraiser:

_____

_____

Submitted:

_____
Student Activity Account Advisor

_____
Date

Permitted:

_____
Principal

_____
Date

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Approved:

_____
Asst. Superintendent of Finance & Operations

_____
Date