

# The School District of Springfield R-XII Request for Fundraising Project Form

Date \_\_\_\_\_

Club/Organization Name \_\_\_\_\_

Type of Fundraiser \_\_\_\_\_

Starting Date of Sales \_\_\_\_\_

Ending Date of Sales \_\_\_\_\_

On or Off Campus \_\_\_\_\_

Purpose of Sale \_\_\_\_\_

Total Profit Expected \_\_\_\_\_

**If applicable, how do you plan to follow the District Wellness Policy guidelines?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_

Club/Organization Sponsor

**Date:** \_\_\_\_\_

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**BELOW THIS LINE OFFICE USE ONLY**

Request Approved \_\_\_\_\_ Request Denied \_\_\_\_\_ Denial Reason \_\_\_\_\_

\_\_\_\_\_

Reason Fundraiser Did Not Occur \_\_\_\_\_

**Designated Administrator Signature** \_\_\_\_\_