NEW HAVEN UNIFIED SCHOOL DISTRICT

Request for Approval of Fundraising Events

TO: Director of Fiscal Services

FROM: _____ _____

Principal School

I request permission for the following fundraising activities to be held at my school on behalf of the student body organizations during the 20_____ - _____ school year.

Name of Fundraising Event	Dates	Brief Explanation of the Activity

Signed: **Approved**:

_____ _____

Principal Date Director of Fiscal Services Date