

Linden Community Schools Fundraiser Request Form

Date of Application: _____

Name of Organization and/or School Club : _____

Name of *Advisor/Chairperson: _____
(* In accordance with "Guideline 7440"; All staff must follow building procedures to insure that money and/or valuables are secure. No money and/or valuables are to be left in classroom.)

Purpose of Sale: _____

Describe how and where sale is to be conducted: _____

Beginning date of sale: _____ Ending date of sale: _____

Product sold: _____

Activity: _____

Number of students involved: _____

Please describe how students will be supervised _____

Applicant's Name: _____

Address: _____

Telephone: _____ Cell or work phone: _____

Date: _____ *Applicant's signature: _____

***Signature of applicant assures that applicant has read the policies/guidelines set forth by the Linden Board of Education and will adhere to those policies/guidelines.**

Please submit to building principal for approval this application along with copies of materials that will be distributed and/or posted regarding this fundraiser.

Date: _____ Principal's Signature: _____

Date: _____ Superintendents Signature: _____

Community Education Director's Initials: _____