

Richmond School District
N56 W26530 Richmond Road
Sussex, WI 53089

FUND RAISING APPLICATION FORM

Name of Group: _____ Date _____

Name of Adult in Charge: _____

Purpose or need for fundraiser: _____

Date/s of Fundraiser: _____ Time: _____

Location: _____

If ongoing (e.g. box tops, Target program, etc.), please note as such in description.

Description of Fundraiser: _____

Expected amount of money to be raised: _____

Signature of Adult in Charge: _____

Approved by: _____ Date: _____