

M.S.A.D. #59
MADISON, MAINE 04950

(SUBMIT IN DUPLICATE)

Request to Conduct Fund Raising Activity

Date of Request:

Group Making Request:

Activity

Proposed: _____

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How will parents/community be involved in selection, organization and implementation of the activity?

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Check One: _____ New Activity _____ Annual Activity

Dates proposed:

This activity will involve the use of:

A. Pupils? Yes ____ No ____ How Many? _____ Which

Grades: _____

B. School Supplies/Equipment? Yes _____ No _____

Specify items:

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C. School facilities: Yes ____ No ____ Specify:

Proceed will be used for: (Specify in detail)

Proceeds will be used for: (Specify in detail)

Requested by: Recommended Approved
 Not Recommended Not Approved

Advisor

Principal

Superintendent