

**ROCKY HILL PUBLIC SCHOOLS
FUNDRAISING APPROVAL REQUEST FORM**

Name of Organization: _____

School(s) or Student Activities Intended to Benefit from Fundraising Activity: _____

Brief Description of Fundraising Activity: _____

Name of Adult(s) Responsible for Fundraising Activity (“Sponsor”): _____

Contact Information for Sponsor:

Phone: _____ Email: _____

Date(s) the Fundraising Activity will Occur: _____

Anticipated Funds to be Solicited: _____

Signature of Principal: _____ Date: _____