

**FUND RAISING REQUEST**  
**Arrowhead High School**

Date: \_\_\_\_\_ Date(s) of sale: \_\_\_\_\_

Organization: \_\_\_\_\_

Item(s) to be sold: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supplier of items: \_\_\_\_\_  
\_\_\_\_\_

Price of items: \_\_\_\_\_

Expected revenue: \_\_\_\_\_

Purpose for which funds will be used:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many fund raisers have you held this year?: \_\_\_\_\_

\*\* Please be aware that, in order to prevent unnecessary conflicts, fund raising slots will be awarded on a first come, first served basis.

\*\* All fund raisers must be approved by the Activities Director.

\_\_\_\_\_  
Advisor signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator signature

\_\_\_\_\_  
Date