

**JOAQUIN ISD**

**Fund Raiser Request**

Sponsor requesting the Fund Raiser: \_\_\_\_\_

Class/Organization conducting Fund Raiser: \_\_\_\_\_

Fund Raiser Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Fund Raiser Method: *(What are you selling or doing?)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vendor Name: \_\_\_\_\_

Proceeds will be used for the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Sponsor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date