

ORVILLE H. PLATT HIGH SCHOOL
FUNDRAISER REQUEST FORM

DATE

Type of Fundraiser: _____

Purpose: _____

Activity Name: _____

Advisor: _____

Request Month/Date

Area

Approved

Denied

Administrator

NOTE: IF THIS FUNDRAISER REQUIRES USE OF THE BUILDING, (INSIDE OR OUTSIDE), PLEASE BE SURE THAT PROPER CLEARANCE HAS BEEN MADE WITH THE MAIN OFFICE.