

# Lexington Public Schools Request for Fundraising Activity

Group/Individual/or Organization \_\_\_\_\_

Person[s] submitting request: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Date[s] of Fundraising: \_\_\_\_\_

Describe fundraising activity:

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Times and locations of fundraising activity:

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Purpose of fundraising activity:

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Are donations or merchandise solicited from local businesses? \_\_\_\_\_

Signed: \_\_\_\_\_

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Superintendents Office:

Date request received; \_\_\_\_\_

\_\_\_\_\_ Approved          \_\_\_\_\_ Denied

Reason for denial:

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Signed: \_\_\_\_\_