



West Mifflin Area School District Fundraising Request Form

Circle one: **Student Activity** or **Booster Group**

School: _____

Name of Organization: _____

Description of Activity: _____

Fundraising Dates: _____

Vendor with Address: _____

Purchase Order Number: _____

Anticipated Costs: _____

Anticipated Revenues: _____

Signatures of Approval

Sponsor: _____

Inter-Club Council
or Student Representative: _____

Principal: _____

Superintendent: _____

All requests must be on file in the superintendent's office 7 days before the regular monthly school board meeting.

Board Approval Date: _____