Green City R-1 Fundraising Form

Name of Group / Organia	zation conducting	j iunuraiser.	
Faculty / Sponsor Name	(s):		
Date(s) of fundraiser:			
Explanation of fundraise	r (What are you s	selling?):	
□ Approved	□ Not	Approved	
Principal	Date	Superintendent	Date
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Name of Group / Organiz	zation conducting	fundraiser:	
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Explanation of fundraise	r (What are you s	selling?):	
Purpose of fundraiser: _			
□ Approved	□ Not	Approved	
Principal	 Date	Superintendent	Date