BRAZOS INDEPENDENT SCHOOL DISTRICT

FUNDRAISER REQUEST

DATE:	
NAME OF ORGANIZATION REQUESTING:	
DESCRIPTION OF ITEM(S) TO BE SOLD	
LENGTH OF TIME OF SALE:	
FROM (DATE):	
TO (DATE):	
DATE OF EVENT (if meal or specific event):	
PLEASE CHOOSE ONE:	
	Fundraiser
As the sponsor, I will make sure that the guidelines and restrictions are followed.	s involving fund raising as presented to me by the campus principal
SPONSOR SIGNATURE:	
DATE:	
PRINCIPAL SIGNATURE FOR APPROVAL DATE	
SUPERINTENDENT'S SIGNATURE	
Please circle one: Approved Disapproved	
Fill out one copy: Brazos Central Administration will send form	to principal after approval.

[&]quot;Brazos ISD does not discriminate on the basis of race, color, national origin, sex, age, or disability in admission to our employment in its education programs or activities."