

**LANSING CENTRAL SCHOOL DISTRICT
REQUEST FOR FUND RAISING ACTIVITY**

Date Submitted:

School Year event will take place:

Organization:

Advisor:

Funds will be used to purchase:

Estimated Amount Needed:

Fund Balance:

Activity Requested:

Duration of Activity:

Date(s) Requested:

Contact Person:

Advisor's Signature:

Date Received by Office Staff:

Date(s) Allocated (indicate "None", if not approved):

Building Principal Signature:

Disapproved for the following reason(s):

Superintendent Signature (attach email or indicate email approval date, if needed):

Disapproved for the following reason(s):

Approved: April 27, 2010
Revised: January 5, 2012
Revised November 6, 2013