

PEARL RIVER COUNTY SCHOOL DISTRICT

FUNDRAISER REQUEST

Name of School/Organization: _____

Date of Request: _____

Proposed Activity: _____

Date(s) of Activity: _____

Location of Activity: _____

Name of Requestor (printed)

Signature of Requestor

Approved

Denied

Signature of Principal, Director, or
Athletic/Activity Director

Date

Approved

Denied

Signature of Superintendent

Date