

Loraine Independent School District
P.O. Box 457
Loraine, Texas 79532
Phone (325) 737-2225

APPLICATION FOR FUNDRAISER

Date Requested: _____

Date(s) of Fundraiser: _____

Class or Organization: _____

Project: _____

Location of Fund Raiser: _____

Signature of Sponsor: _____

Estimated Cost (expenditure): _____

Should your fundraiser require the use of the Cafeteria kitchen, please notify Cafeteria Manager (signature of manager required.)

Cafeteria: _____

SUBMIT TO PRINCIPAL'S OFFICE

Approved: _____

Disapproved: _____