

RIVERVIEW SCHOOL DISTRICT

FUND RAISING REQUEST (prepare in duplicate)

	Date
To: The Superintendent	
From: (please print)	
Permission is requested to raise funds for the	during
	e purpose of
	If there is
any change in the information above I will conta	act you.
Flyer or Social Media announcement attached:	Yes: No:
Principal's Signature	Signature
Approved	
Disapproved	Superintendent