

**BLIND BROOK-RYE UNION FREE SCHOOL DISTRICT
REQUEST FOR FUND RAISING ACTIVITY**

Organization: _____ School Year: _____

Advisor: _____

Funds will be used to: _____

Estimated Amount Needed: _____

Activity Requested: _____

Duration of Activity: _____

Date(s) Requested: _____

Approved: _____, Building Principal

Date(s) Allocated: _____

Disapproved for the following reason(s): _____
