

Mounds View Public Schools
350 Highway 96 West
Shoreview, MN 55126

Form EG-5119A

REQUEST FOR FUND RAISING ACTIVITY

Date _____

1. Name of organization: _____

Name of representative: _____

2. School _____ Grades: _____ Advisor: _____

3. Type of fund raising activity: _____

4. Purpose of fund raising event: _____

5. Anticipated receipts (gross) _____

6. Anticipated expenses for fund raising project _____

7. Anticipated net profit _____

8. Proposed dates for the event _____

9. Approval: _____

Signature of Advisor

Date

Signature of Principal

Date

Revised: 3-8-06 (address change only)