

Organizational Fundraising Request

Foster-Glocester Regional Schools



Person Responsible for Fundraiser: _____

Date: _____ School Name: _____

Name of Student Activity or Athletic Team:

Name of Advisor(s)/Coach:

Proposed Fundraising Activity:

Gaming license Required: Yes No (please circle)

Proposed use of Funds:

Location of Fundraiser:

Will a Certificate of Insurance be required Yes No (please circle)

Duration of Fundraiser: ____/____/____ to ____/____/____

Athletic Director (if applicable): _____ Date: _____

School Administrator Approval: _____ Date: _____

Asst. Superintendent Approval: _____ Date: _____

My School Bucks Store Information

Name of Product and Description:

Cost per Item:

Number of items available:

Graphic/picture of item:

May submit multiple MySchool Bucks Store Items