## MASON COUNTY EASTERN SCHOOLS FUND RAISING REQUEST FORM



Superintendent		
Signature:		_ Date:
Approved	Not Approved	
Date Submitted:		
Staff Members in Charge of Proj	ject/Activity:	
Supplies Purpose of Funds:		
Date of Activity: From:	To:	
Place or Location of Activity or F	Project:	
Specific Project:		
Name of Sponsoring Organization	on:	