

STUDENT FUNDRAISING ACTIVITIES
Red Clay Consolidated School District
4550 New Linden Hill Road
Wilmington, DE 19808
REQUEST FOR FUNDRAISING ACTIVITY

School _____ Date of Request _____

Person making Request _____

Organization/Group Responsible _____

Purpose of Activity _____

Financial Goal _____

Nature of Fundraising (explain in detail):

Vendor Name _____ Telephone _____

Address _____

Date Activity Begins _____ Date Activity Ends _____

I certify that the information above is correct _____

(signature of sponsor)

Permission to explore activity _____

(signature of Principal/Administrator)

DISCLAIMER OF LIABILITY

It is understood and agreed that _____ is doing

(name of supplier)

business with _____; rather than the Red Clay Consolidated School

(name of fundraising group)

District. Therefore, it is agreed that the District is not liable for any obligation which may arise from the agreement to which this disclaimer is attached.

By _____ Supplier

By _____ Sponsor of Fundraising Group

Approval of Project _____ Principal/Administrator