

Dr. Misty Heiskell, Superintendent
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Karlton Graves, Principal
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Fundraiser Request Form

Please complete the following information and submit to Mr. Graves for approval. He will then forward the request on to Dr. Heiskell for final approval. No fundraising events are to happen without the approval of both Mr. Graves and Dr. Heiskell.

Club or Group: _____

Sponsor: _____

Event Details:

What type of fundraiser are you planning? (please state specifics of the fundraiser) _____

Date of Event or Start Date of Project: _____

End Date of Event or Project: _____

Short description of how funds raised will be used: _____

Note: By signing this form, I acknowledge that all funds raised during this campaign will be used as indicated above. I also agree that all funds received will be turned into the administration office (to Anne Browning) at the end of each day they are collected. No cash or checks from the fundraiser are to remain in my possession. I further agree that I am responsible for all funds received until they have been turned into Mrs. Browning daily.

Sponsor Signature _____

Date: _____

Principal Signature _____

Date: _____

Superintendent Signature _____

Date: _____