**FUND RAISER REQUEST FORM**

**Who**:

**What (event in detail):**

**If food sale state all items to be sold:**

**Where:**

**When (Date & Time)**:

**Why**:

**Point of Contact:**

**Request must be submitted to DFMWR.**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Requesting Official

 [Signature Block]