

Carlisle Indians

Request for extracurricular sales project



Person or organization making request

_____ Phone _____

Proposed sales project

Sales location(s)

Cost per item

Proposed sale price

Supplier name and address

Date(s) of sale

Signature of person making request _____

Date _____

For office use only

Scheduled: yes no

Denied: yes no

Principal's signature _____

Coordinator's signature _____

Alternate sales date was assigned _____

Original: Treasurer

Copies: Requesting Party

Building Principal

Superintendent

