

Alton School District 501©3 Request

Event Number _____
(office use only)

NAME: _____

DATE: _____

SCHOOL: _____

POSITION: _____

PHONE: _____

EMAIL: _____

DATE OF EVENT: _____

TYPE OF EVENT: _____

TIMES VOLUNTEERS NEEDED: _____

How will the donated funds be used in the Alton School District? (BE SPECIFIC)

Signature of Person Requesting

Signature of Building Principal

Signature of District Approval & Date

Please send forms & payments to:
Teri Trapani, Alton School District 501©3 Focal
1854 East Broadway
Alton, IL 62002

Any questions, please email Teri Trapani at ttrapani@altonschools.org

<p>MAKE CHECKS PAYABLE TO THE CIRCLED ORGANIZATION: (office use only)</p> <p>Alton Band and Orchestra Builders Alton Athletic Association Alton Education Foundation</p>
