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)

_____

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_____ _____
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

MAKE CHECKS PAYABLE TO THE CIRCLED ORGANIZATION: (office use only)

Alton Band and Orchestra Builders | Alton Athletic Association | Alton Education Foundation