



Online Sales Program (OSP) Request Sheet

Activity Name: _____

Activity Description: _____

Teacher/Sponsor Email Address: _____@dadeschools.net _____

Teacher/Sponsor Last Name: _____

Teacher/Sponsor First Name: _____

Date Activity Starts: _____

Sale Beginning Date: _____

Sale Ending Date: _____

Price: _____

Grade Level: _____ Limited Quantity: _____ No _____ Yes, How Many? _____

Student ID required: _____

Include a Picture (must be jpeg. Format and attached) Yes _____ No _____

Official Use Only:

Funding Structure: _____ - _____ - _____

Date Entered: _____ Activity Approved: _____ Yes _____ No

OSP Activity Number: M7701- _____

Fundraising Number: _____