

School Name _____

FUNDRAISING REQUEST FORM

Fill form in completely; **submit to Principal** for approval.

A copy of this request will be placed in your mailbox indicating the approval status.

*****Do not begin fundraiser until it is approved*****

Name/type of Fundraiser: _____

Organization Responsible (club/team, etc.): _____

Club/Team Contact Representative: _____ Phone #: _____

Date of Fundraiser Start: _____ End: _____

Will any registered trademark logos or lettering be used: _____ Yes (Permission Letter Required)
_____ No

Date of Delivery: _____ Distribution Location: _____

Distribution Needs (tables, chairs, etc.): _____

Specific Purpose of Fundraiser (what will money be used for?): _____

Description of Fundraiser (who is involved, financial liability, safety concerns):

Reminder: Food/Candy Sales are not permitted during school hours

Office Use Only:

Principals' Approval Approved Denied Date

Added to Fundraiser Schedule and School Events Calendar: Date: _____

Copy provided to Advisor: Date: _____

Notes:

1. Most school purchases are tax exempt. See the school financial secretary for information.
2. As a reminder, a "Use of Facilities" form may be required.