

<b>School</b>	
<b>Organization making request:</b>	
<b>Person directly responsible for supervising the activity:</b>	

Type of activity for Fundraising (be specific):

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From Date of Activity: \_\_\_\_\_ To Date of Activity: \_\_\_\_\_ Time(s): \_\_\_\_\_

Intended Use of Profit: \_\_\_\_\_

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Account where funds will be deposited: 

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Anticipated Amount of Funds to be Raised for Organization: \$ \_\_\_\_\_

List of Students Participating: (use back of form if necessary)

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Please include the following additional items and submit at laest (10) ten days in advance for approval:

- \* Master Calendar request
- \* Letter from vendor including fundraising information, profit to school (fixed or percent) and vendor information (W-9) and include a sample of distribution materials to students for participation.
- \* Use of Facility Form (if applicable)

\_\_\_\_\_  
 Principal/Designee's Signature

\_\_\_\_\_  
 Date

Dates of Activity

**Fundraiser Recap to be completed at the close of the Fundraising Activity:**

**Organization Name:** \_\_\_\_\_

**Costs:**

Received for Resale \_\_\_\_\_

Purchase Price \$ \_\_\_\_\_

Total Costs \$ \_\_\_\_\_

**Revenues:**

Received for Resale \_\_\_\_\_

Purchase Price \$ \_\_\_\_\_

Total Costs \$ \_\_\_\_\_

<b>Net Profit (Income - Cost)</b>	
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<b>Gross Profit (If no goods for resale)</b>	
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Fundraiser Profitable?	YES	NO
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Would you consider doing this Fundraiser again? Explain.

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\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

Date Stamp Received by Administration
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