

FUNDRAISER REQUEST FORM

Name of Fundraiser _____

Type of Fundraiser _____

Name of Organization _____

Advisor of the Fundraiser _____

Date of the Fundraiser _____

(Start & End Date)

Purpose of Fundraiser _____

Advisor's Signature

Date

Superintendent's Signature

Date

The following information is required if the event is during school hours. This includes .5 hour before school starts and .5 hour after school is out for the day. Please keep a copy of your approved fundraiser sheet and then fill out the bottom portion and turn in this full sheet to the office within one week after the fundraiser has ended.

_____ Food Event

_____ Expenses

_____ Non Food Event

_____ Profits