

Fundraiser Request Form

Pickford Public Schools

Complete and return this form to the Central Office.
Each activity must have an individual form submitted for approval.

Name of organization/team/club: _____

Leader/Coach/Organizer: _____

Proposed Fundraising Activity (be specific):

Exact Date(s) of Proposed Activity _____

Amount you expect to raise: \$ _____

Purpose of this fundraiser (include where money will be spent/donated):

I understand that this form must be completed, signed and submitted to the Central Office. Failure to do so may result in denial of the activity. I further understand that my organization may not conduct fundraising activities without prior approval.

I will submit a Financial Report From within one week of this activity.

Leader/Coach/Organizer Signature _____

This area for office use

☐ Approved

☐ Not Approved

☐ Copy to Business Office

Administrator Signature

Date

Comments:

It is your responsibility to keep a copy of this form for your records

Report of Fund-Raising Activity

Name of Student Group _____

Advisor _____

School ☐ High School ☐ Middle School ☐ Elementary

Description of Fund Raiser _____

Date of Fund Raiser _____

Cost of Merchandise _____

Number of Items Acquired _____ Number of items Sold _____

Estimated Revenue _____ Actual Revenue _____

Disposition of Unsold Items _____

Signature _____

Date _____