

# FUND RAISING REQUEST FORM

*Complete all blanks and submit to the Administration Office NOT LESS THAN ONE WEEK prior to date of the activity.*

Teacher's/Coach's Name

Today's Date

School Group Involved:

Type of product to be sold:

Dates product is to be sold:

Name of company:

Telephone number:

Company contact person:

Reason for fund raiser:

Number of students involved:

Funds to be earned:

Projected costs:

What will this cover?

Other pertinent information:

FOR OFFICE USE

\_\_\_\_ Approved Date: \_\_\_\_\_

\_\_\_\_ Denied Date: \_\_\_\_\_ Reason: \_\_\_\_\_

\_\_\_\_\_  
Coordinator's Signature Principal's Signature