



FUNDRAISING REQUEST FORM

General Information

Name of Organization: _____ One Time Event OR On-Going Event

Location of Event: _____ Date(s) of Event: _____

Duration of Event: _____ Contract Required (please attach)
(or Stop/Start Date)

Coordinator of Event: _____
(Name) (Telephone Number)

Describe Fundraiser: _____

Facilities/Equipment Needed for Fundraiser: _____

Purchasing/Revenue Information

Items (if any) that you will need to purchase for this event: _____

Cost of items/services from vendor: _____
(Fill out Purchase Request Form and Submit Receipts Upon Completion)

Donated items/services: _____
(If these items are to remain school property, please inform the administration)

Projected Revenue for this fundraiser (after expenses): _____

Please indicate the use of funds that are raised: _____

Approval Signatures

Advisor/Sponsor Signature: _____ Date Submitted: _____

Central Office Signature: _____ Date Approved on Calendar: _____

Administrator Signature: _____ Date Approved: _____

This form must be completed and approved at least 2 weeks prior to the scheduled fundraiser. Please turn in all revenue immediately following fundraiser to school administrators.