FUND RAISING REQUEST

NAME OF ACTIVITY:

_____

ADVISOR:

_____

DATE OF REQUEST: _____

PRODUCT TO BE SOLD OR EVENT TO BE HELD:

_____

DATE (S) OF SALE OR EVENT: _____

COMPANY SUPPLYING PRODUCT:

_____

COST OF PRODUCT OR EVENT: _____

PERCENTAGE OF COST TO BE PROFIT: _____

PROFITS TO BE USED FOR:

_____

_____

LIST ANY OTHER FUND RAISERS HELD OR TO BE HELD THIS SCHOOL YEAR:

_____

_____

_____

_____

PLEASE CHECK ONE:

_____ One Time Approval **_____ Permanent Approval**

APPROVAL:

Student Council President: _____

Student Council Advisor: _____

Principal: _____

COPIES SENT TO:

_____ Student Council President

_____ Student Council Advisor

_____ Principal