

<u>Action</u>	REQUEST FOR FUNDRAISING ACTIVITY	<u>OFFICE USE:</u>
Approved _____		Calendar _____
Disapproved _____		Computer _____
Date _____		Copied _____

Three (3) fundraisers per year

I. Type of activity:

If this activity is a car wash/bake sale/etc. please give location of event: _____

If activity involves a fundraiser vendor, complete the following:

Salesman Name: _____

Company Name: _____

Address: _____

II. Estimated proceeds \$ _____

III. Utilization of proceeds (approximate):

A. _____ \$ _____

B. _____ \$ _____

IV. Dates (approximate):

Beginning: _____ Ending: _____

Submitted by:

Group/Club Name

Faculty Sponsor

Date Submitted

Parent Group Chairperson (if applicable)

Date Submitted

If the fundraiser is cancelled, notify Mrs. Robinson's office immediately. After cancellation a replacement fundraiser is not guaranteed. This request should be presented to the Principal during the preceding school year, and will NOT be considered if submitted after **OCTOBER 4, 2014.**