# FUND RAISING REQUEST FORM

**SCHOOL / SCHOOL:** Choose an item.

**NAME OF ORGANIZATION:** Click or tap here to enter text.

**TEACHER(S) SPONSORING THE ORGANIZATION:** Click or tap here to enter text.

**SPONSOR(S) IN CHARGE OF COLLECTING MONEY:**Click or tap here to enter text.

**PURPOSE:**

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**HOW FUNDS WILL BE RAISED:**

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**HOW SCHOOL DISTRICT WILL BENEFIT:**

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|  |  |
| --- | --- |
| **STARTING DATE:** Click or tap here to enter text. | **ENDING DATE:** Click or tap here to enter text. |

**NAME OF COMPANY FURNISHING PRODUCTS / ITEMS:**

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**PRODUCTS/ ITEMS TO BE SOLD:**

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**COST OF ITEMS TO BE SOLD:**

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**PERCENTAGE RECEIVED FROM SALES:**

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The principal and/or school district is not responsible for collecting funds. Sponsors will collect all monies owed. Please note that report cards will not be held for unpaid debts.

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 SPONSOR IN CHARGE OF COLLECTING MONEY DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PRINCIPAL’S SIGNATURE OF APPROVAL DATE

------------------------------------------------------------FOR CENTRAL OFFICE USE ONLY-------------------------------------------------------------

 \_\_\_\_\_\_\_\_\_APPROVED

 \_\_\_\_\_\_\_\_\_DISAPPROVED

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 SUPERINTENDENT DATE

***FUNDRAISER ACCOUNTABILITY***

The following information is to be sent to the Superintendent’s Office within TEN working days of the completion date of this approved fundraiser.

Fundraiser Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fundraiser Completion Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Amount of Monies Collected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Expenses of Monies Collected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Profit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of Loss: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fundraiser Sponsor – *Print Name*

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Fundraiser Sponsor – *Signature* Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s Signature Date