

**FUNDRAISING FORM
ACTIVITY REQUEST**

Please complete one form for each fundraising activity.

Requests must be submitted at least two weeks prior to the date of the activity.

Date _____

Name of Organization: _____

Request submitted by: _____

Address: _____

Buyout fee amount for those students choosing not to participate _____

Dates of Activities: Beginning - _____

Ending - _____

Description of Product(s): _____

Reason for Fundraiser: _____

For Office Use

Approved Not Approved

Principal or Athletic Director _____

Date _____

**POST
FUNDRAISING FORM**

Please complete one form for each fundraising activity.

Form must be submitted two weeks after activity ends.

Date _____
Name of Organization _____
Dates of Activity: Beginning _____
Ending _____

Revenues	\$ _____
Expenses:	
<i>Vendor Name</i> _____	<i>Amount</i> \$ _____
_____	_____
_____	_____
_____	_____
_____	_____
Total Expenses	\$ _____
Total Profit (Revenues minus Expenses)	\$ _____