



# REQUEST FOR FUND RAISING ACTIVITY

1. NAME OF ORGANIZATION: \_\_\_\_\_

2. DESCRIBE THE ACTIVITY: \_\_\_\_\_

3. DATE(S) OF ACTIVITY: TO BEGIN: \_\_\_\_\_ TO END: \_\_\_\_\_

4. ANTICIPATED PROFITS: \_\_\_\_\_

5. HOW WILL REVENUE (PROFIT) RAISED BY THIS ACTIVITY BE USED?

6. PRODUCT: \_\_\_\_\_

7. COMPANY: \_\_\_\_\_

8. SALES REPRESENTATIVE: \_\_\_\_\_

9. SALES METHOD: \_\_\_\_\_

10. PRODUCT COST TO ORGANIZATION: \_\_\_\_\_

11. PRODUCT COST TO BUYER: \_\_\_\_\_

12: PLEASE SHARE ANY OTHER INFORMATION THAT WOULD HELP THE SUPERINTENDENT AND PRINCIPAL TO BETTER UNDERSTAND THIS ACTIVITY. NO FINAL ARRANGEMENTS AND/OR COMMITMENTS SHALL BE MADE PRIOR TO OBTAINING ALL SIGNATURES SIGNIFYING APPROVAL.

SPONSOR: \_\_\_\_\_

FOR ATHLETICS: DIRECTORS SIGNATURE: \_\_\_\_\_

PRINCIPAL: \_\_\_\_\_

SUPERINTENDENT: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_