

GSL School Fundraiser Request Form

This form must be completed and turned into your building principal. The board will review fund raising requests in June and January each year.

Staff Member Name: _____

Building: _____ Lakeside _____ Lincoln _____ High School

Organization/Grade Level/Activity: _____

Type of Fundraiser:

_____ Product Sales _____ Service/Activity _____ Other

Fundraiser:

Fundraiser: _____

Sponsoring Company/Business: _____

Approximate Dates (Please inform office when dates are finalized): _____

Fundraiser Details:

Projected expenses: \$ _____

Fundraiser gross profits: \$ _____

Fundraiser net profits: \$ _____

Proposed Use of Funds:

_____ Field Trips _____ Consumable Supplies _____ Donations _____ Charity _____ Other

Teacher/Advisory Signature: _____ Date: _____

_____ Approved

_____ Not Approved

Reason for disapproval: _____

Building Administrator

District Office Use:

Fund Raiser Recorded by: _____