



Fund Raising Request

Date: _____ Organization: _____ Advisor: _____

Date(s) of Project: _____

Name of Fundraising Company/Partner: _____

Have you previously dealt with this company/partner? Y / N

Name of Salesman/Contact Person: _____ Contact lives in Battle Creek? Y / N

What is the availability of the Salesman/Contact Person: _____

Anticipated Net Profit: _____ Into which account will profit go: _____

Any net profit is earmarked for what purpose: _____

Can you return unsold product to the company? Y / N

Do you understand the Board of Education policy regarding "door to door" selling? Y / N

Where will product be sold and distributed? _____

Do you understand federal guidelines regarding the sale of food at school? Y / N

Who will be responsible for the safety and supervision of any students involved in this project?

SIGNATURE OF COACH/DIRECTOR/ADVISOR

DATE

SIGNATURE OF BOOSTER CLUB PRESIDENT

DATE

Project Approved _____ Denied _____

Signature of Food Service Director (*required for food sales*)

Project Approved _____ Denied _____

Signature of Building Administrator

Project Approved _____ Denied _____

Signature of Superintendent or Designee