



West Chester Area School District

Fundraiser Pre-Approval Request

Building Use Only

School: _____

Organization: _____ Dates of Sale: _____

Item(s) being sold: _____

Price per unit: _____

Selling Price: _____

Predicted Profit: _____

Purpose of this Fundraiser: _____

Sales will be held _____ In School _____ In Community

Student Officer Signature Date

Student Officer Name Printed

Faculty Advisor Signature Date

Faculty Advisor Name Printed

Form Must be approved prior to beginning sale date

Brochures must be attached from company.

Principal: Fundraiser Approved _____

Fundraiser Denied _____

Signature of Principal Date