OSSEO AREA SCHOOLS
ISD 279

Appendix A - Procedure 511

REQUEST FOR FUNDRAISING ACTIVITY
Co-curricular or Extracurricular Activity

Date: _____

1. Name of organization _____

2. School _____ Advisor _____

3. Type of fundraising event _____

4. If event is centered around the sale of some special item (e.g. book of tickets), give the selling price of the item.
   _____

5. How much money do you expect to gross? _____

6. What will your expense amount to? _____

7. What do you expect to be your net profit? _____

8. Proposed dates for the event _____

9. Describe when the fundraising event would be conducted:

   _____ Before school, if so, where _____

   _____ During school, if so, where and when _____

10. Approximately how many organization or class members will be involved in the fundraising event (e.g. in the actual selling)
    _____

11. Does this fundraising event involve door-to-door selling or solicitation? _____

12. What commercial agency (if any) is cooperating in this venture?

    _____ Address _____

13. Why do you want to raise the money? (purpose or goal) _____

    _____

14. What educational activity is to be supported? _____

    _____

15. What do you expect students to learn from this? (objective)

A. _____

B. _____

C. _____

16. Describe how you will evaluate each of the objectives stated above.

A. _____

B. _____

C. _____

17. How do you expect to expend the fund? (attached proposed budget)

_____

_____

18. Approval:

A. _____ _____
Signature of Advisor Date

B. _____ _____
Signature of Principal Date

C. _____ _____
Signature of Elementary/Secondary Assistant Superintendent Date