

FUNDRAISING REQUEST FORM QUITMAN SCHOOL DISTRICT

School Name: _____

Date of Request: _____

This form must be completed in its entirety.

1. Activity/Club/Organization Name: _____

2. Fundraising Coordinator/Sponsor (name and organizational position): _____

Phone number _____ Email _____

3. Fundraiser Name & Description: _____

cont' _____

4. Proposed Dates of Fundraiser: _____

5. Educational Value of Fundraiser: _____

cont' _____

6. Target Customers: _____

7. Fundraiser Locations: _____

An adult organization representative should make arrangements with other building level principal to have a designated collection time and place.

8. Financial Projections:

Distribution of Profit:

Estimated Revenue:	_____
Estimated Costs:	_____
Estimated Profit:	\$ -

School and/or Activity Name	Percentage
_____	_____
_____	_____
Total	100%

9. Proposed Fundraising Participants: _____

cont' _____

I agree to submit a Fundraiser Accountability Report to the Principal whose building hosted the event no later than one week after the end of this fundraiser.

Fundraising Coordinator/Sponsor Signature _____

Approved Denied

Principal Signature Date

Approved Denied

Superintendent Signature Date

Approved Denied

Board Approval/Denial Date