Date:

Organization:				
Advisor/Coach:				
Duration of Fund Raiser Date Beginning:		Date Ending:		
Location of Fund Raiser:				
Describe your Fund Raiser				
Expected Revenue: \$				
Is this Fund Raiser taxable? YES	NO			
What will the funds be used for? Camps/Clinics Uniforms Equipment	Tour	sportation		
How will the money be collected and rec Receipted by Finance Office Product SalesOther	Ticket Sales Service Sale	s	_ Coupon S	Sales
	(Please Describe)			
Account(s) to be credited with funds				
Are all the students in the organization re	equired to participate	? YES	NO	(circle one)
Number of fund raiser your organization	has participated in th	is year (to date)		
Show evidence of parent notification and	d support of the propo	osed fund raiser_	-	
I understand that I must provide an acc of funds and provide the appropriate re- fund raisers must have administrative a initiated.	conciliation form aft	er the event. I a	ilso unders	stand that all
Signature		Date		
Administrator Approval		Date		