

**Crook County School District
FUNDRAISING REQUEST FORM**

Complete all blanks and submit to the Office Manager at least two weeks prior to the date of the activity.

Advisor/Coach Name: _____ **Date:** _____

School Group Involved: _____

Type of activity, product to be sold or service provided:

Date(s) of activity, product to be sold or service provided:

Where will the fundraising event be held:

If product is to be sold, name of vendor where items will be purchased:

Vendor contact person and telephone number:

Number of students involved: _____

Projected costs for supplies or items to be purchased: _____

Estimated funds to be earned: _____

Reason for fundraiser/what expenses will funds earned cover:

Other pertinent information:

FOR OFFICE USE

Approved Date: _____

Denied Date: _____ Reason: _____

Advisor/Coach Signature:

Principal or Athletic Director Signature:
