

WHITEFORD AGRICULTURAL SCHOOLS  
FUNDRAISER REQUEST FORM

**FUNDRAISER REQUEST FORM (must be returned to ELEMENTARY or MS/HS Office 2 weeks prior)**

Group/Organization: \_\_\_\_\_ Account #: 61-9431. \_\_\_\_\_

Applicant/Advisor/Coach Name: \_\_\_\_\_

Name of Fundraiser/Activity: \_\_\_\_\_

Fundraiser Details: \_\_\_\_\_

Fundraiser Website (If applicable): \_\_\_\_\_

Fundraiser Start Date \_\_\_\_\_ Fundraiser End Date: \_\_\_\_\_

**Please give us an estimate for revenue and expenses:**

Anticipated Revenue \$ \_\_\_\_\_ Anticipated Expense \$ \_\_\_\_\_

**Do you need a Cash Box/Tickets? \_\_\_ Yes \_\_\_ No**

If Yes, Startup Amount Needed: \_\_\_\_\_ Increments (# Needed): \_\_\_\$1\_\_\_\$5\_\_\_\$10\_\_\_\$20\_\_\_\$50

If Yes, cash boxes can be received from the Business Office.

**Do you have anticipated expenses that involve a Purchase Order? \_\_\_ Yes \_\_\_ No**

If Yes, please attach a REQUISITION REQUEST FORM, so your administrative assistant can complete.

**Do you need use of a facility or classroom? \_\_\_ Yes \_\_\_ No**

If Yes, please complete the FACILITIES USE FORM to reserve this space, and give to your administrative assistant.

The applicant/advisor/coach understands that the Student Activity Account Fundraiser Report Form (SA-4) is to be completed at the conclusion of the fundraising event, and a copy goes to the Building Principal and Business Office.

Signature of Applicant/Advisor/Coach \_\_\_\_\_ Date \_\_\_\_\_

Building Administrative Assistant \_\_\_\_\_ Date \_\_\_\_\_

Requisition # (Expenses): \_\_\_\_\_ Facilities Use Form \_\_\_\_\_

Building Principal/AD \_\_\_\_\_ Date \_\_\_\_\_ Approved \_\_\_ Denied \_\_\_

Superintendent \_\_\_\_\_ Date \_\_\_\_\_ Approved \_\_\_ Denied \_\_\_

Confirmation Email Sent \_\_\_ Added to District Calendar \_\_\_ Added to Building Calendar \_\_\_

Applicant  Administrative Assistant  Principal/AD  Business Office