

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: ___/___/___

Anticipated Revenue \$ _____ Anticipated Expense \$ _____ Anticipated Profit \$ _____

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.

Do you need use of a facility or classroom? ___ Yes ___ No

If Yes, please complete the FACILITIES USE FORM to reserve this space.

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 #: _____ Facilities Use Form _____

Building Principal _____ Date _____ Approved ___ Denied ___

Athletic Director _____ Date _____ Approved ___ Denied ___

Superintendent _____ Date _____ Approved ___ Denied ___

Confirmation Email Sent _____ Added to District Calendar _____

Applic. MS/HS AA Principal AD Bldg./Ground Custodial Superintendent Bus. Off.