

NON-Athletic Request for Fundraising Activity

Fill out this form and submit it to the Activities Director a minimum of two weeks prior to the date of the requested fundraiser.

Today's date: _____

Name of organization: _____

Advisor's name (*printed*): _____

Description of fundraiser: _____

Dates to be held: _____

Location of fundraiser: _____

Funds to be used for: _____

TO BE COMPLETED FOR SALES OF MERCHANDISE:

Cost of items to be sold:

Per item \$ _____

of items: _____

or

or

Per case \$ _____

of cases _____

of items of cases _____

Sales price per item: _____

or

Delivery charges \$ _____

Sales price per case _____

Total cost: \$ _____

Total sales expected: _____

TO BE COMPLETED FOR DANCES, EVENTS, ETC.

Admission price: With SBC \$ _____ Without SBC \$ _____

Advance ticket sales? YES NO Dates: _____

NOTE:

All monies from fundraisers should be deposited through Student Finance in a timely manner.

If you will be utilizing Carson City School District facilities, you must also turn in a **Facility Use** form.

Advisor's signature

Advisor's phone number

Approved by: _____

Disapproved by: _____

Date approved: _____

Date disapproved: _____

Principal's signature _____ Date _____

COMMENTS:

