

FUND RAISER REQUEST

The _____ plans to raise funds. We understand that all
(team/organization)
funds raised must be deposited into the team's or organization's Student Activity Fund
account through the Athletic Department.

1. The fund raiser will take place:

Day: _____ Date: _____ Time: _____

2. The location of the fund raiser: _____

3. Description of type of fund raiser: _____

4. The funds will be used for the following: _____

5. The goal and/or projected funds that will be raised: \$ _____

6. Is a professional fund raising company going to be used? _____

Company Name: _____

Street Address: _____

City/State/Zip Code: _____

Phone Number: _____

Company Representative: _____
(name) (phone)

7. The quantity to be ordered: _____

8. The cost per unit: _____ The sale price: _____

Fund Raising is being requested by:

Name: _____ Signature: _____ Date: _____

Approved By: Coach: _____ Signature: _____ Date: _____

Director of Athletics: _____ Date: _____