

STUDENT FUND-RAISING ACTIVITY

This form is to be completed and submitted to the principal for approval prior to commencing any student fund-raising activity.

Name of group: _____

Advisor (or Representative): _____

Name of the fund-raiser: _____

Amount of money to be raised: _____

Per student quota: _____

Means of fund-raising (e.g., cash contribution, pledge, sale of product or service, etc.):

What students (and/or others) will be doing to raise the money:

Geographic area in which the fund-raising will take place:

Dates and time requirements:

Total Activity _____

Per Student _____

How will students be supervised?

Person managing the funds: _____

Time and place of deposit of funds: _____

DESCRIBE ON THE REVERSE SIDE THE PROJECTS FOR WHICH THE MONEY WILL BE SPENT AND THE ESTIMATED COST OF EACH PROJECT.

APPROVED: _____

DATE: _____

PARENT PERMISSION
FOR STUDENT PARTICIPATION IN FUND-RAISING

The fund-raising project described below has been approved with the condition that your child may not participate without parental permission. Please sign and return to your child's school office.

PARENT INFORMATION

A. Organization or group holding activity:

B. Advisor or representative: _____

C. Fund-raising activity

1. Purpose: _____

2. Student activity: _____

3. Dates and times of participation:

Dates: _____

Hours: _____

D. The profits from this activity will be used for: _____

I _____ do _____ do not give permission for _____
to take part in the fund-raiser described above. (Student's Name)

(Parent's Signature)

(Date)

REPORT OF FUND-RAISING ACTIVITY

Name of Student Group: _____

Advisor: _____

School: _____

Description of the Fund Raiser: _____

Date of the Fund Raiser: _____

Location of the Fund Raiser: _____

Cost of Merchandise: \$ _____

Number of Items Acquired: _____ Number of Items Sold: _____

Estimated Revenues: \$ _____ Actual Revenues: \$ _____

Disposition of Unsold Items: _____

Date of Deposit: _____

Location of Deposit: _____

Signature

Date