

# Zachary Community School District

\_\_\_\_\_  
School Name

## Request for Fundraising Activity

(Please Print Clearly)

**Fundraiser requests must be submitted for approval at least two (2) weeks prior to the date the fundraiser is to be held. No fundraiser may begin without approval.**

To: Warren Drake, Superintendent

Date: \_\_\_\_\_

From: \_\_\_\_\_  
Fundraiser Sponsor

\_\_\_\_\_  
Department/Organization/Program

### Requesting approval of the following fundraising activity.

Type of activity: \_\_\_\_\_  
\_\_\_\_\_

Location of activity: \_\_\_\_\_

Beginning: \_\_\_\_\_  
Day | Date

Ending: \_\_\_\_\_  
Day | Date

Profit to be used for: (be specific)

\_\_\_\_\_  
\_\_\_\_\_

**Reminder:** All expenses **must** be paid before any merchandise is purchased.

Estimated amount to be raised by activity: + \$ \_\_\_\_\_

Estimated cost of activity: - \$ \_\_\_\_\_

Estimated net profit: + \$ \_\_\_\_\_  
(after expenditures)

\_\_\_\_\_  
Signature of Fundraiser Sponsor

\_\_\_\_\_  
Approval Signature: Principal/Designee

\_\_\_\_\_  
Approval Signature: Superintendent

approved copy: Sponsor  
School  
Main Office (original)

\_\_\_\_\_  
Date