

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: Department of Operations, ZCSB Office

Date: _____

From: _____

Fundraiser Sponsor

Department/Organization/Program

Requesting approval of the following fundraising activity.

Type of activity: _____

Location of activity: _____

Beginning: _____
Month | Date/s

Ending: _____
Month | Date/s

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/Date

Approval Signature: Principal/Designee/Date

Approval Signature: Superintendent/
Director of Operations/Designee/Date

approved copy: School
Main Office (original)

Date