



Athletic Fundraising Request Form

Please complete the requested information and submit to the Athletic Director prior to start date of the fundraiser.

Date: _____ Sport: _____

Coach Name: _____ Signature: _____

Booster/Parent Name: _____ Signature: _____

Description of Fundraiser or Activity (including what will be purchased):

Attach handouts or fundraiser instructions to this application.

Anticipated Profit: \$ _____

Will profit be deposited to school-controlled booster fund? _____ Yes _____ No

If no, where are funds being deposited? _____

Proposed Vendor

Company Name: _____

Address: _____

Contact Person: _____

Phone Number: _____

Proposed Dates of Fundraiser/Activity

Start Date: _____ End Date: _____

List Dates/Times that any facilities are needed for this activity:

Athletic Office Use Only

Approved _____ Yes _____ No

Ath Director Signature _____ Date _____

Comments: _____