

LEWISTON-ALTURA PUBLIC SCHOOLS

FUNDRAISER REQUEST FORM

All organizations wishing to raise funds on school property or for the benefit of the school district or district students must receive approval from school district administration before initiating any school-sponsored fundraiser.

Organization Name: _____ Date Submitted: _____

Contact Person: _____ Contact Phone/Email: _____

Beginning Date of Fundraiser: _____ Ending Date of Fundraiser: _____

Description of Fundraiser: _____

Purpose of Fundraiser: _____

Will the Fundraiser take place on or be using school property? Yes No

If no, where will the Fundraiser take place? _____

Will the Fundraiser or the Fundraising Organization be using the school name in advertising, flyers, etc? Yes No

Is another organization within the school district or community doing a similar fundraiser? Yes No

How much money does your organization need to raise through this fundraiser? Monetary Goal of Fundraiser: \$ _____

Total Predicted Sales: \$ _____

Total Contribution from Booster Club: _____

Total Paid to Outside Vendor: - _____

Total Predicted Revenue: \$ _____

Describe in detail how the funds you will be raising will be used (attachments as needed):

Please describe how you believe this fundraiser will benefit our school and community:

Please describe the financial impact you believe this fundraiser will have on the school district:

Where is the money going to be deposited?

OFFICE USE ONLY

RECOMMENDATION:

APPROVED DISAPPROVED

PRINCIPAL DATE: _____

APPROVED DISAPPROVED

SUPERINTENDENT DATE: _____

Please allow up to 2 weeks for processing.