

**ST. FRANCIS SCHOOL DISTRICT
FUND RAISER REQUEST FORM**

ORGANIZATION/DEPT/CLUB: _____

ORGANIZATION/DEPT/CLUB SUPERVISOR: _____

TYPE OF FUND RAISER: _____

REASON FOR FUND RAISER: _____

AMOUNT EXPECTED TO BE EARNED: \$ _____

DATE(S) OF ACTIVITY From _____ To _____

TOTAL COST OF FUND RAISER

COST OF ITEMS TO ORGANIZATION/DEPT/CLUB \$ _____

SHIPPING & HANDLING \$ _____

OTHER \$ _____

COMPANY PROVIDING FUND RAISING SERVICES: _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

REPRESENTATIVE _____

SUBMITTED BY: _____

TITLE: _____

APPROVED

NOT APPROVED

Principal

Date

Superintendent

Date