

FUNDRAISING REQUEST FORM
CASHMERE HIGH SCHOOL

Name of Group/Club: _____

Date of Request: _____

Brief Description of Fundraising Activity _____

Amount of Money Estimated to Be Raised _____

Estimated Expenses of Fundraiser _____

Planned Use of Profit _____

Beginning Date of Fundraiser _____ Ending Date of Fundraiser _____

Approval (after receiving the following signatures this form will go to the administrator for final approval)

Adviser: _____ Date: _____

Activity Treasurer _____ Date: _____

Approved: _____ YES _____ NO

Administrator Signature _____ Date: _____

Items Needed/Requested:

____ Facility ____ Cashbox ____ Sound System ____ Permits

____ Chaperones