

STUDENT FUND RAISING ACTIVITIES

Name of School Organization/Group/Team _____

Number of Members _____

Advisor Name _____

Purpose of Fundraising Event _____

Description of Fundraising Event _____

Expected Amount gathered from this Fundraiser _____

Will the funds raised go to individual student accounts?
(Individual student accounts must be managed in the district by a district employee)

Yes No

Anticipated Fundraising Dates: Begin _____

End _____

Signature of Group Advisor _____

Building Principal _____

Approval of Superintendent/Designee _____

Date _____

WEST CENTRAL SCHOOL DISTRICT