

# STUDENT FUND-RAISING REQUEST

Current Date \_\_\_\_\_  
Name of Organization \_\_\_\_\_  
Sponsor/Advisor \_\_\_\_\_  
Dates of Fund-Raiser \_\_\_\_\_  
General Description \_\_\_\_\_

For what will the profits be used? \_\_\_\_\_

Please provide the following information for items which will be sold:

Item	Wholesale Price	Retail (selling) Price	Profit
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

_____ Approval	_____	_____
_____ Non Approval	Building Principal	Date
_____ Approval	_____	_____
_____ Non Approval	Building Principal	Date
_____ Approval	_____	_____
_____ Non Approval	Superintendent	Date
_____ Approval	_____	_____
_____ Non Approval	Superintendent	Date

---

## STUDENT FUND-RAISING COMPLETION REPORT

Please return to GFW district office after the fund-raiser is completed

Name of Organization \_\_\_\_\_  
Date Fund-Raiser was Completed \_\_\_\_\_  
Gross Receipts (total sold or received) \_\_\_\_\_  
Net Profit \_\_\_\_\_  
Sponsor/Advisor \_\_\_\_\_  
signature \_\_\_\_\_ date \_\_\_\_\_