

**Fund Raising Request Form
Adult Support Group
(NO Student Solicitation and/or Student Involvement)**

School:	
Date of request:	
Adult support group:	
Description of proposed fund raising project:	
Beginning date of project:	
Ending date of project:	
Cost per unit to purchaser:	\$ _____
Estimated profit:	_____ % or \$ _____
Profit to be used for:	
Telephone number of sponsor:	
Signatures:	
_____	_____
President	Date
_____	_____
Treasurer	Date
_____	_____
Project Coordinator	Date

Disposition of Request:	
<u>Approved</u>	<u>Denied</u> <u>Signatures</u>
<input type="checkbox"/>	<input type="checkbox"/> _____ Principal
	Date

Post Activity Follow Up (Return to Principal):			
The following financial report must be submitted to the principal within two weeks following the conclusion of the approved fund raising project.			
Receipts:	\$ _____	Expenses:	\$ _____
\$ Profit:	\$ _____	% Profit:	\$ _____
Comments:	_____		

Treasurer's Signature:	_____	Date:	_____