

# Woodridge Local School District

## REQUEST FOR FUND-RAISING ACTIVITY

Name of Student Organization \_\_\_\_\_

Advisor(s) \_\_\_\_\_ Dates of fundraiser: Beginning \_\_\_\_\_

Ending \_\_\_\_\_

Adult Supervisor(s) \_\_\_\_\_

Description of Fundraising Activity/Product \_\_\_\_\_

Location of fundraising activity \_\_\_\_\_

School Facilities/Equipment needed \_\_\_\_\_

Name of Vendor/Sales Representative \_\_\_\_\_

Estimated Receipts \$ \_\_\_\_\_ Estimated Expenses \$ \_\_\_\_\_ Estimated Profit \$ \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Athletic Director \_\_\_\_\_ Date \_\_\_\_\_  
(if applicable)

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

\_\_\_\_\_  
Building Principal Date

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

\_\_\_\_\_  
Superintendent (if required) Date

Fundraising Activity Reconciliation must be completed within two (2) weeks of completion of project.