

FUND RAISING PROJECT REQUEST FORM

Fund-raising activities are permitted by Coopersville Area Public Schools only with approval of the superintendent. Appeal to the Board of Education is always available should request be denied at first level.

PLEASE COMPLETE THE FOLLOWING:

Name of organization: _____

Name of officers/sponsors _____ Phone Number _____

Number of students involved: _____

Description of items to be sold: _____

Method (event of selling, e.g. orders taken, car wash, raffle, etc.):

How will sales tax be paid? _____

DATE OF APPLICATION: _____

Purpose for profits/method of distribution:

Financial goal: _____

Number of items to be sold: _____

What awards for sales will be given (if any)?

Date of sale event: _____

Please list two alternative dates: _____

SUPERINTENDENT'S DECISION

Fund-raising project: _____ **Approved** _____ **Denied**

Dates for project: _____ **Approved** _____ **Denied**

Signed: _____ **Date:** _____

SUPERINTENDENT'S COMMENTS