

FUNDRAISERS

School Group/Team: _____

Fundraiser Company Name: _____

Address/Fax /Phone: _____

Item(s) to be Sold: _____

Estimated/Range of Price(s): _____

Advisor/Coach: _____

Cell phone/Email: _____

Week(s) of Fundraiser: _____ to _____
Date Date

Where will the fundraiser take place: (X) In School _____ Out of School _____ Both _____

Athletic Director _____ Date: _____

Financial Officer _____ Date: _____

- Product must be purchased with a PO#
- Be sure to collect money up front. No orders will be processed without funds in the account to cover the order.
- Deposit collected funds daily.
- Fundraisers must have a minimum 25% profit margin.
- **Please turn in at least two weeks before the fundraiser takes place.**

Turn into Athletic/Activities Office (Give to Rose)

