

2019-2020 FUNDRAISING REQUEST FORM

Date S	Submitted:		
	(Deadline: August 23, 2019 – requests subm	nitted after this date will not be approved	d.)
	ACT INFORMATION:		
	soring Group:		
Phone	e: Email:		
TYPE •	OF FUNDRAISING: Sales - including food, goods, sponsorships, etc. ((describe):	
	Start Date:	_ End Date:	
Activity - including collection drives, events, etc. (describe):			
	Date:	Time:	
FINAN	NCES:		
	Estimated total revenue from the fundraising:	\$	
	Estimated total expenses from the fundraising:	- \$	
	Net profit to sponsoring group:	\$	
Descri	ibe what the net profit to the sponsoring group will b	be used for (attach budget, if necess	ary):
Will th □ □	e profits be utilized to fund needs or wants for your Needs Wants, and we will donate 10% of the net profit to		
	APPRO	VALS	
STEP	If the sponsoring group is an IHSAA or club sport – Director of Athletics If the sponsoring group is a club or activity – Student Philanthropy Coordinator		
□NO.	T APPROVED (reason):		