



2017-2018 FUNDRAISING REQUEST FORM

Date Submitted: _____

(Deadline: **Thursday, August 31, 2017** – requests submitted after this date will not be approved.)

CONTACT INFORMATION:

Name: _____

Sponsoring Group: _____

Phone: _____ Email: _____

TYPE OF FUNDRAISING:

- Sales (describe): _____

Start Date: _____ End Date: _____

- Activity (describe): _____

Date: _____ Time: _____

FINANCES:

Estimated total revenue from the fundraising: \$ _____

Estimated total expenses from the fundraising: - \$ _____

Net profit to sponsoring group: \$ _____

Describe what the net profit to the sponsoring group will be used for (attach budget, if necessary):

Will the profits be utilized to fund needs or wants for your sport, club or charity?

☐ Needs ☐ Wants, and we will donate 10% of the net profit to the Cathedral Fund.

APPROVALS

STEP 1:

If the sponsoring group is an IHSA or club sport – **Director of Athletics**

If the sponsoring group is a club or activity – **Student Philanthropy Coordinator**

DATE/INITIAL

STEP 2:

Approval of the Vice President for Advancement

☐ NOT APPROVED (reason): _____