

CONNEAUT SCHOOL DISTRICT

REQUEST FOR APPROVAL OF FUND RAISING ACTIVITIES

For Office Use

NAME OF ORGANIZATION _____

PRESIDENT _____ SECRETARY _____

SUMMARY OF FUND RAISING ACTIVITY:

Full name of Distributor and address (Source of Product)

(Attach Distributor's literature)

Description and catalogue number of item _____

. Cost per unit _____ Selling price per unit _____

% Profit _____ Price of comparable item in Crawford

County Area Store _____

. Have you checked Vendor's File to see if the same product
can be purchased for less? _____ If not please do so
now before proceeding.

SPECIFIC LOCATION OF SALE _____

BEGINNING AND ENDING DATES OF SALE: FROM _____ TO _____

FUND RAISING GOAL: Anticipated total sales _____

Anticipated Profit: _____

USE OF FUNDS: _____

. Activity Fund to which monies will be deposited and from
which bills will be paid _____

Policy Number _____

PRESIDENT/ADVISORS Signature: _____ DATE _____

PRINCIPAL'S SIGNATURE _____ DATE _____

SUPERINTENDENT'S Signature _____ DATE _____

BOARD APPROVAL (if needed) _____ DATE _____

Note: Board approval is required for all
fund raising activities that involve
selling to the general public on or