

STUDENT BODY FUNDRAISING REQUEST FORM

Date: _____

Club / Organization / Team Name	
Date(s) of Campaign	
Brief Description of Fundraiser:	
Purpose / Goals / Benefit to Club/Org/Team:	
Name of Vendor/Company	
Vendor/Company Contact Information:	
Involved Costs (Initial Expense, Selling Price(s))	
Estimated Profit	

Please return the completed form to S-05 or to the Student Council Box in the Main Office.

Student Council Use Only

To: _____

Date: _____

From: Student Council

Re: Fundraising Request

Your request has been approved

Provisions (if any) _____

Your request has been denied

Reason: _____