

ST. LUCIE PUBLIC SCHOOLS
REQUEST FOR FUND-RAISING ACTIVITY

Name: _____ Date: _____

Name of Class, Club, or Organization: _____

DESCRIPTION OF FUND-RAISING ACTIVITY

Beginning Date:	Closing Date:	Where will Activity Be Held:
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Description of fund-raising activity: _____

Objective: (Why is this activity being conducted? How will the funds be spent?)

IF SALES ACTIVITY, LIST THE FOLLOWING:

1. Items to be sold: _____
2. Purchased from: _____
3. Number of items to be purchased: _____
4. (a) Unit cost: _____ (b) Unit selling price: _____
5. How many sales activities has your class, club, or organization conducted this school year? _____
6. Please estimate the net profit to be earned. _____

TO BE COMPLETED BY APPLICANT

The class, club, or organization named above requests permission to conduct the above fund-raising activity and certifies that we will comply with the policies and regulations of the St. Lucie County School Board, including keeping and maintaining all required records, forms and reports. A financial report must be filed with the principal after each fund-raising activity.

Organization Sponsor: _____

Date: _____

CHECK ONE: _____ APPROVED _____ DENIED

PRINCIPAL SIGNATURE: _____

DATE: _____