NORTH CANTON CITY SCHOOLS
Fund-Raising Request Form
To be completed by Advisor/Teacher

Date of Request:	Organization:
Advisor/Teacher:	Person in charge of Activity:
Description of Fund-Raising Activity *(bake sale, car wash, etc.)*:	

Beginning Date:	Ending Date:	Site of Activity:
Goal		
How much will be sold?		
How much will be earned?		
What is the projected net profit? *(after prizes/awards)*		
Purpose of funds to be raised:		
☐ *Check if more than one school is involved in this fund-raising project.*		

Name and address of company *(if any)* involved in promotion of activity: *(Copy of contract to be attached to this request)*	Company Representative name: Phone number: Can unsold quantities be returned to producer?

Approvals and Routing of request	**Summary Report** *(to be completed after the activity)*
Advisor/Teacher:	Gross receipts:
Associate Principal:	Cost of activity:
Athletic Director: *(if applicable)*	Net receipts:
Principal:	
Director of Curriculum:	

Prior to the beginning of a fund-raising activity, a fund-raising approval request must be completed. No commitments are to be made until the request has received final approval.

The advisor/teacher is responsible for processing and being accountable for all aspects of the fund-raiser. Receipts must be processed through designated procedures and accounts.

Revised 1/2007