

**Bluford C.C.S.D. #114**  
**FUNDRAISING REQUEST FORM**

All fundraising plans and projects shall be submitted by school sponsors and parent organizations associated with fundraising activities prior to scheduling a fundraiser or contracting with any fundraising company. All fundraising activities are subject to approval by the District Superintendent.

*Please complete this form and return to the Superintendent.*

Group/Organization requesting approval: \_\_\_\_\_

Event Chairman: \_\_\_\_\_

Fundraising project \_\_\_\_\_

Name of company supplying merchandise or services \_\_\_\_\_

Company Address \_\_\_\_\_

Company phone number \_\_\_\_\_

Funds are being raised for \_\_\_\_\_

Projected profit from event \_\_\_\_\_

Beginning date of fundraiser \_\_\_\_\_ Ending date of fundraiser \_\_\_\_\_

\_\_\_\_\_  
Signature of Event Chairman

\_\_\_\_\_  
Date

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**OFFICE USE ONLY**

Approved

Denied

\_\_\_\_\_  
Signature of District Superintendent

\_\_\_\_\_  
Date