

Cass City Public Schools

Fundraising Request Form

This form must be completed and submitted for approval to the Superintendent at least two weeks prior to the fundraiser.

Name of Club/Organizer: _____

Date Submitted for approval: _____

Date of Fundraiser: Begins _____ Ends _____

Type of Fundraiser: (Describe your fundraising activity: What do you plan to sell? What service will you provide?)

Profits will be used in the following manner: _____

Amount of money you plan to make: _____

Additional information about the fundraiser: _____

Requestors name: _____

Requestors signature: _____

Date of Approval: _____

Principal Approval _____

Superintendent Approval _____