Cedarburg School District
Challenging Students to Achieve Their Goals and Dreams

9211

Cedarburg School District

FUNDRAISING REQUEST

(Must be submitted 3 weeks prior to event)

School Year: _____ Today's Date: _____

Group/Organization Name: _____

School(s) Benefitting: □ CHS □ WMS □ Parkview □ Thorson □ Westlawn

Advisor or Chairperson: _____

Purpose of Fund-Raising Activity: _____

Does this Fundraiser involve the sale of food/beverages? □ yes □ no
(Please note that food/beverage fundraisers cannot occur during school meal times.)

Type of Fundraiser: _____

Please define types and degree of student involvement: _____

_____

Product or Service Offered for Sale: _____

Inclusive Dates of Fundraiser: _____ through _____
begins ends

Target "Audience": □ School Community □ Community at Large

Expected Profit Range: _____

Cite any Proposed Incentives, Rewards, or Paybacks for Participants: _____

PLEASE INCLUDE ANY HANDOUTS OR PROMOTIONAL MATERIALS USED IN FUNDRAISING.

Statement of Assurances:
On behalf of the above named organization, I certify that we will use funds within the organization and the funds will not be considered public moneys; any sponsored activity will be in the best interest of the students of the School District; will guarantee that (a significant percentage) at least seventy percent (70%) collected will be spent on student activities; will obtain permission to use school property; will use teacher, staff, or student volunteers to conduct it's activities only if approved by the administration; and will be willing to pay for any or all additional expenses incurred by the activity.

Advisor's/Chairperson's Signature: _____ Date:_____

Athletic Director's Signature: _____ Date: _____
(if benefitting a CHS Activities/Athletics Group)

Principal's Signature: _____ Date: _____

Superintendent's Signature: _____ Date: _____