



Challenging Students to Achieve Their Goals and Dreams

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: begins through 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 Group)

Principal's Signature: Date:

Superintendent's Signature: Date: