

**FUND RAISER REQUEST APPROVAL FORM
PIERZ PUBLIC SCHOOL
STUDENT ACTIVITY FUND**

STUDENT ACTIVITY FUND: _____ DATE: _____

ACTIVITY ADVISOR: _____

Product to be sold: _____

Name & address of company you intend to purchase from: _____

Phone: _____

Cost of product per unit: _____

[Attach price list if possible]

Selling price per unit, to be sold to customer: _____

Estimated profit: _____ Expected date you expect merchandise to arrive: _____

Expected date to begin fundraiser: _____ Expected date to end fundraiser _____

Advisor(s) please make a list of students selling product and be sure to check off students as they turn money in.

List system you will use in providing security for product, monies received, and accounting procedures:

Anticipated problems, comments: _____

Approved by: _____

Activities Director

Date

Approved by: _____

Principal

Date

Approved by: _____

Superintendent/School Board

Date