BC

BENZIE CENTRAL
SCHOOLS

Request for Fundraising Project

Group or Team Name: _____ Date of Request: _____

Start Date: _____ End Date: _____

Fundraising Project:

Company & Product	
Address	
Phone Number	

Description of Product (including pricing, profit margin, type of sales):

How does this meet group/team goals or needs & what are funds to be used for:

Supervisor of Sales: _____ Date: _____

Process of product distribution: _____ Date: _____

Process of collection: _____ Date: _____

Distribution of profits & losses: _____ Date: _____

Receipt of all records: _____ Date: _____

Administrative Approval: _____ Date: _____