# LAKE STATION COMMUNITY SCHOOLS

REPORT OF FUND-RAISING ACTIVITY

Name of Student Group _____

Advisor _____

School _____

Description of the Fund Raiser _____

Date of the Fund Raiser _____

Location of the Fund Raiser _____

Cost of Merchandise $ _____

Number of Items Acquired _____ Number of Items Sold _____

Estimated Revenues $ _____ Actual Revenues $ _____

Disposition of Unsold Items _____

Date of Deposit _____

Location of Deposit_____

_____
Signature

_____
Date