LAKE STATION COMMUNITY SCHOOLS

STUDENT FUND-RAISING ACTIVITY

This form is to be completed and submitted to the principal for approval prior to commencing any student fund-raising activity.

Name of group: _____

Advisor (or Representative): _____

Name of the fund-raiser: _____

_____

Amount of money to be raised: _____

Per student quota: _____

Means of fund-raising (e.g. cash contribution, pledge, sale of product or service, etc.):

What students (and/or others) will be doing to raise the money:

Geographic area in which the fund-raising will take place:

Dates and time requirements:

Total Activity _____ _____

Per student _____ _____

How will students be supervised:

Person managing the funds: _____

Time and place of deposit of funds: _____ _____

DESCRIBE ON THE REVERSE SIDE THE PROJECTS FOR WHICH THE MONEY WILL BE SPENT AND THE ESTIMATED COST OF EACH PROJECT.

APPROVED: DATE:

_____ _____