

FUNDRAISING REQUEST FORM

Updated 10/30/08

Concord Community Schools
PO Box 338
Concord, MI 49237
PH: 517-524-8850
FAX: 517-524-8613

This form is to be completed at least four weeks in advance of fund-raising event. No items may be ordered, and no contracts entered into, until you have received this form back with all signatures. All information asked for must be fully answered in order to receive approval.

Name of Group	School Building	Date
----------------------	------------------------	-------------

Person Completing Application	Faculty Sponsor's Name
--------------------------------------	-------------------------------

1. Briefly describe proposed project (list exactly what you will be selling): _____

2. What is the purpose of the project: _____

3. Who would be involved in working on the project: _____

4. Planned beginning/ending dates for project: From _____ to _____

5. What are the financial details of the project: _____

<input type="checkbox"/> approved <input type="checkbox"/> denied	_____ Date	_____ Signature - Faculty Sponsor
<input type="checkbox"/> approved <input type="checkbox"/> denied	_____ Date	_____ Signature - Building Principal
<input type="checkbox"/> approved <input type="checkbox"/> denied	_____ Date	_____ Signature - Superintendent