

WINSLOW TOWNSHIP SCHOOL DISTRICT  
**FUNDRAISER REQUEST**

This form must be submitted and approved four (4) weeks prior to the date of the fundraiser.

School: \_\_\_\_\_

Club/Organization: \_\_\_\_\_

Person Submitting Request: \_\_\_\_\_

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Date(s) of Fundraiser: \_\_\_\_\_ Time of Activity: \_\_\_\_\_

Fundraising Activity: \_\_\_\_\_

Location of Activity: \_\_\_\_\_

Cost Per Item/Person: \_\_\_\_\_ Sale Price: \_\_\_\_\_ Anticipated Profit: \_\_\_\_\_

Intended Use of Raised Funds: \_\_\_\_\_

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Vendor Description (If Appropriate): \_\_\_\_\_

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Is there any commission or other gain to be received by school or advisor?  Yes  No

If Yes, please explain: \_\_\_\_\_

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APPROVED BY: Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent/Designee: \_\_\_\_\_ Date: \_\_\_\_\_