

CLACKAMAS HIGH SCHOOL FUND RAISING REQUEST FORM

Complete all blanks and submit to the Athletic Office not less than one week prior to date of the activity.

Teacher's Name _____ Today's Date _____

School group involved: _____

Type of product to be sold: _____

Dates product is to be sold: _____

Name of Company: _____

Company contact person: _____

Phone number of contact person: _____

Reason for fund raiser: _____

Number of students involved: _____

Funds to be earned: \$ _____

Projected costs: \$ _____

What will this cover? _____

Other pertinent information: _____

Periods that you are available to discuss this fund raiser: _____

FOR OFFICE USE

____ Approved Date: _____

____ Denied Date: _____ Reason: _____

Coordinator Signature

Principal Signature