Cleveland Central Catholic High School

Fundraising Request

(This form to be used for anticipated profit of $100 or less only!)

Complete numbers 1-7 and turn in to Mrs. Sandel for approval

1. Name of Group: ________________________________

2. Staff Member’s Name: __________________________

3. Date of fundraiser: _____________________________

4. Location: _____________________________________

5. Type: _________________________________________
   (What will you be selling?)

6. Special Needs: _________________________________
   (Table, electricity. Etc.?)

7. 10% charitable donation to: _____________________

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Approval: _______________________________________

To Be Completed at conclusion of fundraiser:

Actual cost of product: ___________________________

Price per item: _________________________________

Total profit for group: __________________________