

# 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: \_\_\_\_\_