Cleveland Central Catholic High School

Fundraising Request

(This form to be used for anticipated profit of $100 or more.)

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: ________________________________________________

Approval: __________________________________________________________________
  (Fundraising Committee – see handbook)

To Be Completed at conclusion of fundraiser:

Actual cost of product: _______________________________________________________

Price per item: _____________________________________________________________

Total profit for group: ______________________________________________________