

Cleveland Central Catholic High School

Fundraising Request

(This form to be used for anticipated profit of \$200 or more.)

**Complete numbers 1-7 and turn in to Mr. Eatman for approval – will be reviewed by
Administrative Committee**

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: _____

(Fundraising Committee - see handbook)

To be completed at conclusion of fundraiser:

Actual cost of product: _____

Price per item: _____

Total profit for group: _____