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: ________________________________

Approval: __________________________________________
(Fundraising Committee - see handbook)

To be completed at conclusion of fundraiser:

Actual cost of product: ________________________________
Price per item: ________________________________
Total profit for group: ________________________________