

LAKE SHORE CENTRAL SCHOOLS

Angola, New York 14006

716-926-2210

FUNDRAISER REQUEST FORM

MUST BE SUBMITTED A MINIMUM OF SEVEN (7) DAYS PRIOR TO REQUESTED START DATE

School: _____ Organization Name: _____

Date of Activity/Sale: From _____ To _____

Fundraising Activity/Item to be Sold: _____

Purpose of Fundraiser: _____

Location of Sale: _____ Company/Vendor Name: _____

Cost per item: _____ Total Anticipated Profit: _____

Number of students participating: _____

Are all students in the organization required to participate? Yes No

What time of day will the fundraiser take place? _____

Name of Advisor (print): _____ Date Submitted: _____

Contact Phone Number Advisor or person submitting this form: _____

Signature of Organization Advisor: _____

- *When applicable, a copy of insurance and approval form must accompany this request or the fundraiser will be denied.*
- *Food items that do not meet the same nutritional guidelines as the cafeteria cannot be sold during the hours of midnight prior to the start of the school day and one half hour after the end of the school day.*

Send request to W.T. Hoag Administrator after obtaining Principal signature

Building Principal's Signature: _____ Date: _____

Signature of W.T.Hoag Adm.: _____ Date: _____

Approved: Yes No

Signature of Superintendent: _____ Date: _____

Only when a contract is necessary

Comments: _____