White Cloud Public Schools
Fundraiser and Crowdfunding Request Form

Directions: Complete this form and submit to your building administrator at least one month prior to the start of the fundraiser.

Name of Group/Organization: _____

Group Sponsor(s): _____

Dollar amount to be earned: _____

What is the intended use for the money raised? _____

_____

Date of fundraiser: Beginning: _____ End: _____

Complete this portion if the activity is going to be a "SALE"
Item(s) to be sold:
Supplier Name:
Supplier Address:
Supplier Phone Number:
Additional Details (optional):

Sponsor's Signature: _____ Date: _____

Administration Use Only

_____ Request Approved _____ Request Denied

Administrator Signature: _____ Date: _____