

FUND RAISING REQUEST
Arrowhead High School

Date: _____ Date(s) of sale: _____

Organization: _____

Item(s) to be sold: _____

Supplier of items: _____

Price of items: _____

Expected revenue: _____

Expected Delivery: _____ Distribution at school? Yes
Time: _____ No

Purpose for which funds will be used:

How many fund raisers have you held this year?: _____

****** Please be aware that, in order to prevent unnecessary conflicts, fund raising slots will be awarded on a first come, first served basis.

****** All fund raisers must be approved by the Activities Director.

Advisor signature

Date

Administrator signature

Date

****** Please make sure you do a facility setup if you require special items for distribution. i.e.: table set ups, skid loaders, product delivery assistance. Please book space with Liz for the calendar if distribution is not during your practice times.