

Fundraising/Activity Form

Teacher's Name: _____ Date: _____

Fundraiser/Activity for what group: _____

Dates to run fundraiser/Activity: From: _____ To: _____

Describe what the fundraiser/Activity is and what it will provide for GSW-HS:

What product(s) are you selling: _____

If not selling a product what are you asking for: _____

Range of cost if selling a product: From: _____ to _____

How much money do you expect to make: _____

Fundraiser/Activity Approved By: _____

Fundraiser/Activity Denied By: _____

Comments: _____
