

UNION CITY AREA SCHOOL DISTRICT
STUDENT FUNDRAISER FORM
(Please PRINT legibly in blue or black ink)

Fundraiser for (group): _____

Wholesaler's name: _____

Items being sold: _____

Purpose of Fundraiser: _____

Dates of Fundraiser: _____ through _____

Requested by: _____

All fundraisers must be initially approved by the building principal with final approval by the Superintendent.

Person(s)/Group organizing fundraiser - list name, title, address, telephone, occupation.

[1] _____ _____ _____ _____ _____	[3] _____ _____ _____ _____ _____
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[2] _____ _____ _____ _____ _____	[4] _____ _____ _____ _____ _____
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Date Filed in Principal's Office: _____ Date Reviewed by Principal: _____

Principal's Signature _____

Do you recommend this fundraiser?	YES	NO	(If NO, provide explanation)
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Date received in administration office: _____

Superintendent/Asst. Superintendent Signature _____

Approved Denied

1. List budget in detail _____

2. How will profit be expended? _____

3. Who will collect the money? _____

4. When is the money collected?
_____ At time of order _____ At time of delivery
Other: _____

5. Who is the wholesaler for the items being sold? _____

6. Recommended time product must be delivered to customers (please check):
_____ same day
_____ 2 days after delivery
_____ 3 days after delivery
_____ 4 days after delivery
Other: _____

7. Any other information you wish to provide: _____

