

BOYNE CITY PUBLIC SCHOOLS

REQUEST TO CONDUCT FUND RAISER

Please return this form to the Building Principal or Athletic Director prior to conducting a fund raiser event.

Name of the group/organization: _____

Group sponsor(s) / chairperson: _____

Type of fundraiser: _____

Purpose of fundraiser:: _____

Proposed dates: Date Beginning _____ Date Ending _____

Additional comments and/or
information: _____

COMPLETE THIS PORTION IF FUNDRAISER IS TO BE A "SALE"	
Item(s) to be sold: _____	
Name / Address / Phone Number of Supplier:	_____

Attention Sponsor – Please complete the back page of this form when fund raiser is complete.

(Sponsor's Signature)

(Date of Request)

(Principal / Director Use Only)

Comments: _____

Request granted _____

Request denied _____

(Principal / Director's Signature)

(Date)

BOYNE CITY PUBLIC SCHOOLS

FUND RAISER RECONCILIATION

a) Total Amount raised and deposited from Fund Raiser: \$ _____

b) Money still owing from Students: \$ _____

c) Other revenues deposited from Fund Raiser (Bonus, Donation, etc) \$ _____

Other revenues related to Fund Raiser (Explain) \$ _____

d) Total paid to company: \$ _____

e) Other Expenses: \$ _____

Other Expenses related to Fund Raiser (Explain) \$ _____

Total Profit / Loss = (a + b + c)-(d +e): \$ _____

(Advisor's Signature)

(Date)

(Principal's Signature)

(Date)