

CLINTON ATHLETICS



Fundraiser/Event Financial Collection Form

Request to Collect Funds

Requestor Name: _____

Contact Phone & Email: _____

Event Name: _____

Event Date(s): _____

Building Event To Be Held: _____

Grade Level(s): _____

Money Collection Start Date: _____

(Minimum of 1 week prior notice required)

Money Collection End Date: _____

Amount Due: _____

Reason for Collection: Fundraiser____ Club Fee____

***ALL FUNDRAISERS AND CLUB START/END DATES MUST BE PRE-APPROVED BY
ATHLETIC DIRECTOR & SUPERINTENDENT.***

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Approved _____ Denied _____ Reason for Denial: _____

Athletic Director Date

Superintendent Date