

**Madeira City Schools
Fundraiser Request Form**
THIS FORM MUST BE SUBMITTED TO THE SUPERINTENDENT'S OFFICE

Name of Organization _____ Tier 1 or 2 (circle) See AG5830

Contact Person (Organization) _____ Phone _____ Email _____

Contact Person (School) _____ Phone _____ Email _____

Contact Person _____
Signature

Date/s requested for fundraiser _____ Fundraiser Level 1 2 3 (circle) See AG5830

Location* _____ *If school facility is needed, submit Facility Request Form 7510AF1

Describe fundraiser:

Purpose of the fundraiser:

Anticipated Net Revenue: _____

For Level 1 Fundraisers (Tier 1 Organizations only)

Will your organization be soliciting door-to-door? Yes No (circle one)

Will your organization be approaching Madeira businesses? Yes No (circle one)

If yes, list businesses:

How will fundraiser be publicized?

If District Club/Activity:

Sign and give to Principal/AD _____
Signature of Coach/Sponsor of Fundraiser Date

If Booster or Other Support Organization

Sign and give to Superintendent _____
Signature of President Date

Return completed form to Principal/AD/Administrator/Superintendent at least four (4) weeks prior to start of fundraiser.

____ Approved _____ Approved
____ Disapproved _____ Disapproved

Signature of Prin/AD/Admin. Date Signature of Superintendent Date

Return this form at the completion of the fundraiser with information below.

Gross Sales/Donations	
Total Expenses	
List itemized expenses	
Net Proceeds to Organization	

Print Name of Person submitting fundraiser results Signature Date