



# LANSING CHRISTIAN SCHOOL

## FUNDRAISING REQUEST FORM

Name of club/organization/sports team: \_\_\_\_\_

Date(s) of proposed activity: \_\_\_\_\_ (Two weeks notice required)

Student coordinator (if applicable):

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name(s) of adult(s) who will be supervising activities:

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Description of the fundraiser, including specifics on how the funds will be raised, who is being asked to donate, and how the money will be used (attach additional sheets if needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated cost associated with fundraiser: \$ \_\_\_\_\_

Projected profit of fundraiser: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Submit to the Main Office for Director of Development approval***

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Approved

Not Approved. Reason \_\_\_\_\_

Director of Development Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Provide signed copy of form to Business Office to records***

