

WHITEHALL CENTRAL SCHOOLS  
FUND RAISING APPROVAL FORM

Name of Organization \_\_\_\_\_

Advisor \_\_\_\_\_

Sales Representative of Company \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Building \_\_\_\_\_ Grade(s) Involved \_\_\_\_\_

Anticipated Dates of Sale \_\_\_\_\_ to \_\_\_\_\_  
Beginning Ending

Fund Raising Activity \_\_\_\_\_

Cost of Items to be Sold \_\_\_\_\_

Anticipated Profit per Item \_\_\_\_\_

Anticipated Profit from Total Sale \_\_\_\_\_

Intended Customers \_\_\_\_\_

Anticipated Use of Profits \_\_\_\_\_

Incentive Plan (Explain) \_\_\_\_\_

Has a sample of the product been examined? Yes \_\_\_\_\_ No \_\_\_\_\_

Amount to be ordered \_\_\_\_\_

\_\_\_\_\_  
Advisor

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Superintendent

When the Fund Raising Activity is completed, fill in the bottom portion of this form and return the entire page to the Superintendent of School.

Total Income \_\_\_\_\_ Cost of Goods \_\_\_\_\_ Final Profit \_\_\_\_\_

Problems encountered during fund raising activity:

Vendors Problems \_\_\_\_\_

Collection Problems \_\_\_\_\_

Other Comments \_\_\_\_\_