

UCHS FUNDRAISER FORM

FOR SCHOOL FACULTY AND STAFF

Use to reserve a day/time on the calendar for fundraisers.

Only list one fundraiser per form.

*****Please attach a brief description about the fundraiser and an explanation of how the funds raised will be used.*****

Name of Person/Sponsor planning fundraiser: _____

Name of Club/Group (if applicable): _____

I/We requests permission to have the following fundraiser:

Name of Fundraiser :

Date(s) Fundraiser will take place: _____ Time(s) of Fundraiser: _____

Location of Fundraiser: _____

Cost of item(s) to be sold: _____

Facility Needed (if applicable): _____

Time(s) facility will need to be reserved for (if applicable): _____

Transportation Needed (if applicable): _____

Person(s) responsible for set up/clean up/chaperoning of fundraiser (if applicable):

Sponsor's Signature: _____

Date: _____ Time: _____

(For office use only)

Approved _____

Disapproved _____

Principal's Signature: _____ Date: _____

(if approved)

Email sent to be placed on agenda: _____ Updated online calendar: _____ Sponsor Informed: _____