

KOHLER PUBLIC SCHOOLS

333 UPPER ROAD
KOHLER, WISCONSIN 53044
PHONE - 920-459-2920
FAX - 920-459-2930

FUNDRAISING REQUEST

Today's Date: ____ / ____ / ____

Name of Student/Advisor/Coach Making Request: _____

Name of the School Sponsored Organization: _____

Activity Account # the money will be deposited into: _____

Beginning Date of Event: ____ / ____ / ____ Ending Date of Event: ____ / ____ / ____

Type of Activity: *(Car Wash, Calendar Sale, etc.):*

Item(s) will be sold *(check all that apply):* On Campus: ____ Off Campus: ____ Other: ____

Explain:

PURPOSE (PLANNED USE) OF FUNDS RAISED

VENDER: _____ PHONE #: _____

<u>List the items to be sold</u>	<u>Cost</u>
_____	_____
_____	_____
_____	_____
_____	_____

WILL A CASH BOX BE REQUIRED? *(circle one)* YES / NO

If yes, how much starting cash is required & in what denomination?

Explain: _____

WILL YOU NEED ANY ITEMS FROM THE SCHOOL *(ex: table, chairs, extension cords, garden hoses, cones, etc.)*

If yes, please list these items *(use the back if you need more room).*

Signature of Applicant: _____

Approved: YES / NO _____ Date: ____ / ____ / ____

(Must be approved by Administration)