FUND-RAISER OR RESALE REQUEST

Please check one: ☐ Fund-raiser ☐ Resale

Name of club of team: _____

Date(s) of sale/activity: _____

Items to be sold or activity to be conducted:_____

Name of company (if applicable): _____

Wholesale cost of item(s) or estimated expenses for activity (include shipping/handling costs):

_____

_____

Anticipated revenue (revenue should be minimal if conducting a resale):

_____

_____

Will individual orders be taken? ☐ Yes ☐ No

Will unsold items be returned to the company for credit? ____ Yes ____ No ____ NA

If unsold items will not/cannot be returned for credit, what will be done with the items?

_____

_____

Required Signatures:

Organization Advisor/Coach: _____ Date:_____

Activity/Club Student Representative: _____ Date:_____

Activities Director: _____ Date:_____

Building Principal: _____ Date:_____

District Administrator: _____ Date:_____

Signed form is to be turned in to District Office prior to fundraiser or resale being started.