

GRANT COUNTY SCHOOLS FUNDRAISER REQUEST FORM

School: _____ Sponsor's Name: _____

Sponsor, Club or Organization: _____

Proposed Date to Start and End Campaign: _____

What is to be sold and how: _____

Company Furnishing Product and Address: _____

Profit Agreement with Company (example 60/40): _____

Estimated Profit to be Realized: _____

Explain Reason for the Need of Funds: _____

Does This Fundraiser Violate TITLE IX Equity Issues? ☐ YES ☐ No**As Faculty Advisor, I am familiar with accounting procedures for funds outlined in Redbook- A Uniform Program of Accounting for School Activity Funds.**

ADVISOR SIGNATURE: _____ DATE: _____

PRINCIPAL APPROVAL: _____ DATE: _____

ATHLETIC DIRECTOR: _____ DATE: _____

DISTRICT OFFICE APPROVAL: _____ DATE: _____

NO ATHLETIC OR ATHLETIC BOOSTER FUNDRAISERS DURING KHSAA DEAD PERIOD – JUNE 25TH-JULY 9TH.**PLEASE COMPLETE THE INFORMATION BELOW AND RETURN IT
TO DISTRICT OFFICE WITHIN 30 DAYS OF COMPLETION.**-----
Final Amount Collected from this Campaign: _____

Describe Use of Funds Collected and Expenditures: _____

Advisor Signature: _____ Date: _____

Please complete form F-SA-2B -School Activity Fund Fundraiser Summary as required by REDBOOK and keep it for your records for auditing purposes.

DATE COMPLETED FUNDRAISER IS DUE BACK TO DISTRICT OFFICE: _____