

**Greensburg Central Catholic High School
Fund Raising Request Form**

Name of Group _____ **Date** _____

Contact Person _____

Address _____

Phone Number(s) _____

Type/ Name of Fund-Raiser _____

Specific purpose for the money earned _____

Dates for the Fund-Raising Activity _____

Place(s) that Fund-Raising will be held _____

Actual Cost of Product per unit (if applicable) _____

Sales Prices _____

Number of Units to sell _____

Projected Gross Income (Total Sales) _____

Projected Profit _____ **to be deposited into In-House Designated Account**

Special Notes-Additional Information regarding request

Administration Approval

Principal Signature

Date

Remarks:

**Submit this completed form to the Main School Office.
You will receive a signed copy of this form back to confirm your approval of the fund-raiser.**