

**Crook County High School
FUND RAISING REQUEST FORM**

Complete all blanks and submit to the Administration Office NOT LESS THAN ONE WEEK prior to date of the activity.

Teacher's/Coach's Name Today's Date

School group involved:

Type of product to be sold:

Dates product is to be sold:

Name of company:

Telephone number

Company contact person:

Reason for fund raiser:

Number of students involved:

Funds to be earned:

Projected costs:

What will this cover?

Other pertinent information:

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FOR OFFICE USE

____ Approved Date: _____

____ Denied Date: _____ Reason: _____

Coordinator's Signature Principal's Signature