

ALMONT COMMUNITY SCHOOLS  
STUDENT FUND-RAISING ACTIVITY

This form is to be completed and submitted to the principal for approval prior to commencing any student fund-raising activity.

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Name of group: \_\_\_\_\_

Advisor (or Representative): \_\_\_\_\_

Name of the fund-raiser: \_\_\_\_\_  
\_\_\_\_\_

Amount of money to be raised: \_\_\_\_\_

Per student quota: \_\_\_\_\_

Means of fund-raising (e.g. cash contribution, pledge, sale of product or service, etc.):

What students (and/or others) will be doing to raise the money:

Geographic area in which the fund-raising will take place:

Dates and time requirements:

Total Activity \_\_\_\_\_

Per student \_\_\_\_\_

How will students be supervised:

Person managing the funds: \_\_\_\_\_

Time and place of deposit of funds: \_\_\_\_\_

DESCRIBE ON THE REVERSE SIDE THE PROJECTS FOR WHICH THE MONEY WILL BE SPENT AND THE ESTIMATED COST OF EACH PROJECT.

APPROVED:

DATE:

\_\_\_\_\_

\_\_\_\_\_

ALMONT COMMUNITY SCHOOLS  
REPORT OF FUND-RAISING ACTIVITY

Name of Student Group \_\_\_\_\_

Advisor \_\_\_\_\_

School \_\_\_\_\_

Description of the Fund Raiser \_\_\_\_\_

Date of the Fund Raiser \_\_\_\_\_

Location of the Fund Raiser \_\_\_\_\_

Cost of Merchandise \$ \_\_\_\_\_

Number of Items Acquired \_\_\_\_\_

Number of Items Sold \_\_\_\_\_

Estimated Revenues \$ \_\_\_\_\_

Actual Revenues \$ \_\_\_\_\_

Disposition of Unsold Items \_\_\_\_\_

Date of Deposit \_\_\_\_\_

Location of Deposit \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date