

FUND-RAISER OR RESALE REQUEST

Please check one: _____ Fund-raiser _____ Resale

Name of club or 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 (including any
shipping/handling costs): _____

Anticipated revenue
(mark up x number to be
sold); 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 President _____ Date _____

Organization Secretary _____ Date _____

Organization Advisor/Coach _____ 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.