



***Lancaster County Public Schools
Fundraiser Request Form***

Sponsoring Organization: _____

Describe activity (Items to be sold, Company, Etc.): _____

Date(s): _____

Time(s): _____

Anticipated Gross Receipts: _____

Cost: _____ **Breakdown of Cost** _____

(Advertising, Products, etc.)

Profit: _____

Purpose to which proceeds will help students/staff: _____

Comments: _____

President Name: _____ **Signature:** _____

Sponsor Name: _____ **Signature:** _____

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(FOR OFFICE USE ONLY)

Approval
Principal _____ Date: _____

Superintendent _____ Date: _____

Comments: