

# Lexington Public Schools Activity Fundraiser Form

Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Beginning Date of Fundraiser: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Purpose of Fundraiser: \_\_\_\_\_

Explain type of activity (Car Wash, Candy Sales, etc)

\_\_\_\_\_

Projected Collections: \_\_\_\_\_

Describe item to be sold (if applicable) \_\_\_\_\_

If Product sales, complete the following:

Number of Units Ordered \_\_\_\_\_

Cost of Units Ordered \_\_\_\_\_

Profit per Unit \_\_\_\_\_

Name of Company \_\_\_\_\_

**APPROVAL:**

Principal: \_\_\_\_\_ Sponsor: \_\_\_\_\_

Superintendent: \_\_\_\_\_ Board President: \_\_\_\_\_

**TO BE COMPLETED WHEN FUNDRAISER IS CONCLUDED**

Number of units returned to the company: \_\_\_\_\_

Actual Collections: \_\_\_\_\_

Total Profit of Fundraiser: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

If monies were not collected, explain plan of action and reason for non-collection of funds.  
(Attach a list of outstanding monies and students with student phone number, address and name of parent or guardian.)

\_\_\_\_\_

\_\_\_\_\_

THIS COMPLETED FORM MUST BE RETURNED TO THE ACTIVITY CLERK BEFORE ANY SPONSOR WILL BE ALLOWED TO CHECK OUT AT THE END OF THE SCHOOL YEAR. IF FUNDRAISER DID NOT TAKE PLACE, PLEASE MARK CANCELLED AND RETURN TO THE ACTIVITY CLERK. THANK YOU.