

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.