



**ITAWAMBA COUNTY SCHOOL DISTRICT  
FUNDRAISER REQUEST FORM**

**SCHOOL:** \_\_\_\_\_

**ORGANIZATION:** \_\_\_\_\_

**SPECIFIC REASON FOR FUNDRAISER:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**TIME FUNDRAISER WILL BE HELD:** \_\_\_\_\_  
*(beginning date and ending date)*

**ITEM(S) TO BE SOLD:** \_\_\_\_\_

**PRICE PER ITEM** *(if applicable):* \_\_\_\_\_

**ESTIMATED NET PROFIT:** \_\_\_\_\_

\_\_\_\_\_  
(Fundraiser sponsor Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Principal Signature needed for approval)

\_\_\_\_\_  
(Date)

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**For Central Office Use Only:**

**Board Agenda Date:** \_\_\_\_\_ **Board Action:** \_\_\_\_\_