



Coffeeville School District

Dexter Green, Superintendent

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96 Mississippi Street * Coffeeville, MS 38922
Phone (662) 675-8941 * Fax (662) 675-5004

REQUEST FOR FUND RAISING
Please Submit 5 Days In Advance

Name of Club, Group, or Organization: _____

Is this group funded by any other source? ____Yes ____No

If yes please explain funding source: _____

What do you plan to sell or do? _____

Vendor name for this fundraiser: _____

Vendor address: _____

City: _____ State: _____ Zip: _____

Fundraiser start date: _____20__ Fundraiser end date: _____20__

What will the profits from this fundraiser be used for? _____

Submitted By: _____ Date: _____20__

Vendor Clearance:

____APPROVED ____DISAPPROVED Business Manager: _____ Date: _____

____APPROVED ____DISAPPROVED Principal: _____ Date: _____

____APPROVED ____DISAPPROVED Superintendent: _____ Date: _____