



WAYNE LOCAL SCHOOL DISTRICT STUDENT ACTIVITY FUNDRAISING APPLICATION AND SUMMARY

Activity Name _____ Date _____

Requested by _____ Date(s) of Fundraiser _____

Type of Activity Requested: In-School Sales Project Door-to-Door Collection
 Other (explain) _____

Description of Activity/Product to be Sold: _____

Is this fundraising project included in your Purpose Statement/Budget? Yes No (attached revised Purpose Statement)

Vendor Name and Address _____

Estimated Cost of Product(s) \$ _____

Estimated Total Sales \$ _____ Estimated Total Profit \$ _____

How will Profit be Used: _____

Activity Advisor

Principal

Treasurer

Superintendent

Return form to Advisor to complete bottom section after the sale.

To Be Completed After The Sale:

Total Sales \$ _____ (A)

Total Expenses \$ _____ (B)

Total Returned \$ _____ (C)

Amount Unaccounted for \$ _____ (D)

(Explain on reverse)

Total Profit (Loss) Line A minus Lines B, C, D \$ _____

Activity Advisor

Date

Principal

Return Completed/Signed copy to the Treasurer's Office