

INDIAN LAKE LOCAL SCHOOLS
Fund Raiser Project Potential

Organization _____ SCC# _____

Proposed Sales Fund Raiser _____

Vendor Name and Address _____

Starting Date _____ Ending Date _____
 Quantity to be ordered _____
 Cost per Unit _____
 Proposed Profit based on units sold \$ _____

Requested by: _____
 Building Principal (Date)

Approved by: _____
 Athletic Director (Date)

Complete this section when project is complete.

PO#	Units Purchased	Unit Price	Total Cost
_____	_____	_____	_____
_____	_____	_____	_____
Less returns:	_____	_____	_____
Total Accounted for	_____	_____	_____
Money Deposited			\$ _____
Qty Unaccounted for		_____	_____

(Product on hand, breakage, loss, etc. - Explain on reverse side.)

 Coach/Activity Sponsor - Date

 Athletic Director - Date

 Building Principal - Date

 Treasurer - Date

NOTE: Upon completion of this fund raiser, completed form **must** be filed in Treasurer's office. This becomes a part of the permanent records.

INDIAN LAKE LOCAL SCHOOL
SCHOOL FUND RAISER
PERMISSION SLIP

The _____ of the Indian Lake Local Schools
(Name of the Group)
will be participating in a fund raiser soon to raise money in order to

(Reason Money is Needed)

The fund raising activity has been approved by school officials and will last from _____
- _____ (Date)
to _____
(Date)

If your student participates, he/she will be involved in:

- 1) Selling a product to the public. The product is:

- 2) Soliciting for donations.
- 3) Collecting money and turning it is to the coach/advisor.
- 4) Other: _____

I hereby grant permission for my student _____
(Name of Student)
to participate in the above mentioned fund raising activity. I fully understand that my student
will be responsible to turn in any and all money pledged as a donation and/or collected as a
result of sales of the product. (If in the case of a product being sold, the child is unable to sell
the product, any undamaged product may be returned for credit.)

(Signature of Parent)

(Date)