



Comstock Park Public Schools
Request for Fundraising Activities

1. _____ Date: _____
Name of Group or Organization

2. _____
Building(s) of students that will be involved.

3. All sales are to be: (check all that will be involved)
_____ Confined to a building
_____ Door-to-door in community
_____ Donations to be solicited
_____ Other: please explain _____

4. Description of Fund Raising Project _____

5. Purpose of Funds:

6. Anticipated dollar amount to be raised: \$ _____

7. Beginning date of sale: _____
Ending date of sale: _____

- 8. Considerations:
a. No contracts are to be signed unless reviewed and approved by the Director of Finance. Booster organizations are independent and may enter into contracts.
b. The sponsoring organization for raffles will be required to acquire necessary approval from the State of Michigan.
c. Responsible party must follow the Business Office's policies and procedures for Building Level Deposits (available on I: Drive - Business Office Forms).

I agree to file a final sales report by June 1 of this school year.

Signature of person responsible

For Office Use:
_____ Approved _____ Not Approved
_____ Other (see comments on reverse side)

_____ Date: _____
Signature of Administrator