

MCC FUNDRAISER REQUEST FORM

SECTION ONE:

To be completed by the chairperson of the organization requesting the activity. Request must be submitted at least two weeks prior to the event.

Completion Date _____ Date of Fundraiser _____

Sponsoring Group _____

Name, Address, Phone and Email of Chairperson:

Name: _____

Address: _____

Phone: _____

Email: _____

Description of Fundraiser _____

Purpose of Fundraiser _____

Anticipated Financial Goal _____

Fundraising Activity Begins _____ Ends _____

Set-Up / Clean Up Activity Begins _____ Ends _____

Location of Fundraiser _____

Signature of Chairperson _____

Additional Comments _____

SECTION TWO: FOR ADMINISTRATION PURPOSES ONLY

_____ This fundraising activity has been approved and placed on the Fundraising Activities Calendar
Note: _____

_____ This fundraising activity has been rejected
Note: _____

Signature _____ Date _____

**Return this form to Barbara Antekeier, Executive Support
in the 7-12 School Office**