

**Cleveland Central Catholic High School**

**Fundraising Request**

**(This form to be used for anticipated profit of \$200 or more.)**

**Complete numbers 1-7 and turn in to Mr. Eatman for approval – will be reviewed by  
Administrative Committee**

1. Name of Group: \_\_\_\_\_

2. Staff Member's Name: \_\_\_\_\_

3. Date of fundraiser: \_\_\_\_\_

4. Location: \_\_\_\_\_

5. Type: \_\_\_\_\_

(What will you be selling?) \_\_\_\_\_

6. Special Needs: \_\_\_\_\_

(Table, electricity. Etc.?) \_\_\_\_\_

7. 10% charitable donation to: \_\_\_\_\_

.....  
Approval: \_\_\_\_\_

(Fundraising Committee - see handbook)

**To be completed at conclusion of fundraiser:**

Actual cost of product: \_\_\_\_\_

Price per item: \_\_\_\_\_

Total profit for group: \_\_\_\_\_