



## Request to Collect Funds

Requestor Name: \_\_\_\_\_

Contact Phone & EMail: \_\_\_\_\_

Product or Event Name: \_\_\_\_\_

Product or Event Date: \_\_\_\_\_

Building(s): \_\_\_\_\_

Grade Level(s): \_\_\_\_\_

MSB Start Date: \_\_\_\_\_

**ONE WEEK  
NOTICE REQUIRED**

MSB End Date: \_\_\_\_\_

Amount Due\*: \_\_\_\_\_

(\*Please note this figure **MUST INCLUDE** the 4.6% + .40 banking fee)

Rev.01/22

*For informational purposes for organizer. As applicable, have you also completed?*

\_\_\_\_ Fundraiser Form

\_\_\_\_ Volunteer Forms

\_\_\_\_ Building Use

\_\_\_\_ Transportation Forms

\_\_\_\_ Requisition/PO

\_\_\_\_ Other?? \_\_\_\_\_

Please check the following items that need to be included for this event: **(PLEASE attach a copy of order form, or email etc. that was sent to students/parents)**

\_\_\_\_ Parent Name

\_\_\_\_ Size

\_\_\_\_ Parent Email

\_\_\_\_ Color

\_\_\_\_ Parent Phone

\_\_\_\_ Quantity

\_\_\_\_ Alternative Phone:

\_\_\_\_ Specify any additional information needed

*Conducting activities that require a student fee or facilitating a fundraiser with the Clinton Community School District is governed by Board Policies 5830 and 9211. Signature below indicates compliance with the above.*

\_\_\_\_\_  
Requestor Signature/Date

Approved \_\_\_\_\_

Denied \_\_\_\_\_

Approved \_\_\_\_\_

Denied \_\_\_\_\_

\_\_\_\_\_  
Principal Signature                      Date

\_\_\_\_\_  
Superintendent Signature                      Date