

GMCS FUNDRAISING ACTIVITY REQUEST FORM

FORWARD ALL REQUESTS TO: Assistant HS Principal, Greater Muskegon Catholic Schools

**SECTION ONE: TO BE FILLED OUT BY THE ORGANIZATION REQUESTING
THE FUNDRAISING ACTIVITY.**

Today's Date _____ Date of Fundraiser _____

Sponsoring Group _____

Address & Phone _____

Description of Fundraiser _____

Purpose of Fundraiser _____

Anticipated Financial Goal _____

Time Frame of Fundraising Activity: Begins _____ Ends _____

Location of Fundraiser _____

Signature of Sponsoring Adult _____

Additional Comments _____

SECTION TWO: TO BE COMPLETED BY THE ASSISTANT HS PRINCIPAL

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

_____ This fundraising activity has been rejected
Note: _____

Signature of Committee Chair _____ Date _____

If the use of MCC facilities is needed, then an Activities Request Form is required along with this form.