

**Plymouth Community
School Corporation
Fundraiser Application**

Application Date: _____ Number of Plymouth Students Involved: _____

Name of Organization: _____ Signature of Sponsor: _____

Date(s) of Fundraiser: (Begin) _____ (End) _____

Length of Fundraiser (# of days, weeks...etc.): _____

Please Indicate Time or Lunch Periods of Sales: _____

Reason for Fund Raiser: _____

Type/Method of Fund Raiser/Sales: _____

Location of Fund Raiser (café, foyer...etc.): _____

Special Equipment/Set up needed (tables, chairs, garden hose...etc..)

Financial Information

Expected Cost to Organization: _____ Expected Gross: _____

Vendor Information (Please Attach a Sales Brochure if Available)

Name of Vendor: _____ Name of Contact Person: _____

Sales Contact Phone Number: _____ Email: _____

Expected Delivery Date: _____ Delivery Method: _____

Delivery Location: _____ Expected Delivery Time: _____

****** Administrative Information ******

Date Received: _____ Approved _____ Disapproved _____

Administrative Signature: _____ Position: _____

Administrative Remarks: _____

Actual Completion Date: _____ Bills Paid: \$ _____ Actual Gross: \$ _____

Fundraiser Application Due Dates:

Summer/Term 1 Fundraiser: Due by May 1 of previous school year
Term 2 Fundraiser: Due by November 15 of current school year
Term 3 Fundraiser: Due by February 15 of current school year