

# KEYSTONE BOOSTER CLUB REQUEST FOR FUNDRAISER FORM

Today's Date \_\_\_\_\_

Booster Organization \_\_\_\_\_

Date(s) of Fundraiser \_\_\_\_\_

Nature/Type of  
Fundraiser

Be Specific - include brands  
being sold, etc.

If raffle, etc., make sure you obtain a  
Small Games of Chance License  
Number

\_\_\_\_\_  
(Name and Address of Facility if other than KSD)

Time(s) of Event and/or  
Delivery Date

Approximate Cost to  
have Fundraiser

Projected Profit

Motion #/Meeting Date:

\_\_\_\_\_  
Booster President Signature

\_\_\_\_\_  
Head Coach/Director Signature

Principal Approval:    YES    NO                      Date: \_\_\_\_\_

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