



WEST  
 GEAUGA  
 LOCAL  
 SCHOOLS  
**E X C E L L E N C E**  
 Through Tradition & Innovation

Administrative Offices  
 8615 Cedar Road  
 Chesterland, OH 44026  
 (440) 729-5900  
 (440) 729-5939 fax

## SUPPORT GROUP PROPOSED FUNDRAISING ACTIVITIES

**This request must be approved at least 30 days prior to the beginning of the fundraising event.**

NAME OF SUPPORT GROUP \_\_\_\_\_

School Building \_\_\_\_\_

Proposed fund raising activity \_\_\_\_\_

Purpose of funds raised \_\_\_\_\_

Anticipated date(s) of fundraiser:      Beginning \_\_\_\_\_      Ending \_\_\_\_\_

Begin Time \_\_\_\_\_      End Time \_\_\_\_\_

Expected student involvement (school-wide or specific school organization) \_\_\_\_\_

Estimated Revenues \_\_\_\_\_

Method by which school will receive profit \_\_\_\_\_

Requested by:

Support Group President: \_\_\_\_\_ Date \_\_\_\_\_

Support Group Treasurer: \_\_\_\_\_ Date \_\_\_\_\_

Approved by:

Principal: \_\_\_\_\_ Date \_\_\_\_\_

\*Superintendent \_\_\_\_\_ Date \_\_\_\_\_

\*Superintendent signature required if revenue to exceed \$10,000

Treasurer: \_\_\_\_\_ Date \_\_\_\_\_