



Dexter Consolidated Schools

FUNDRAISER REQUEST FORM *please complete all fields*

Today's Date _____

Group/Organization _____

Coach(s)/Sponsor(s) _____

Type of Fundraiser _____

Dates fund raising activity will occur (begin) _____ (end) _____

Where will fund raising activity take place? _____

Purpose of fund raiser _____

Vendor/Supplier Information (if applicable):

Name _____

Address _____

Phone _____ Fax _____

All checks must be made out to Dexter Schools.
The ***District*** will cut a check to pay your vendor/supplier.

PRINCIPAL

_____ Denied

_____ Forward to Activity Director

Principal Signature

Date

ACTIVITY DIRECTOR

_____ Approved

_____ Disapproved

Activity Director Signature

Date

BUSINESS OFFICE

_____ W9 on file _____ Non Taxable Certificate filed (if applicable)