



Hayfield Community Schools

9 Sixth Avenue SE, Hayfield, MN 55940

<http://www.hayfield.k12.mn.us>



Mission: *To provide a safe learning environment that prepares, challenges, and inspires students for life*

Fundraiser Request Form

Please complete and return this form with all required signatures to the Superintendent's Office by September 15.

Name of Organization/Team/Club _____

Name of Coach/Advisor _____ Date of Request _____

Proposed Fundraising Activity (be specific):

Process of Internal Controls that will be used to receipt revenues and track expenditures (be specific):

Exact Date(s) of Proposed Activity: _____

Amount you expect to raise: \$ _____

Purpose of this fundraiser (include where money will be spent/donated):

I understand that this form must be completed, signed, and submitted to the Superintendent's Office. Failure to do so may result in denial of the activity. I further understand that my organization may not conduct fundraising activities without approval from the Board of Education.

Coach/Advisor Signature _____ Date _____

Student(s) Signature: _____ Date _____

_____ Date _____

_____ Date _____

Superintendent Signature

____ Approved ____ Not approved