Mt. Rainier High School Booster Club Go RAMS !!!

Fundraising Request Form

Pre-approval should be requested at least two weeks prior to fundraiser.

At least one adult much be present at all times during the fundraising activity.

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|--------------------------------|----------------------|--------------------------|
| Team/Club Name: | | |
| | | |
| Team/Club Fundraising Lea | der: | |
| | | |
| | | |
| Team/Club Coach/Staff Advisor: | | |
| | | |
| Proposed Fundraising Activ | ity: | |
| roposed rundraising receivity. | | |
| | | |
| Intended Use of Proceeds: | | |
| | | |
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| Estimated Revenue \$ | Estimated Expense \$ | Estimated Profit \$ |
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| Dates of the Fundraiser: | Starting: | Ending: |
| | | |
| | | <u>'</u> |
| Authorized Signa | atures (All Requir | red*): |
| | Date | |
| Signature | Date | |
| | | Coach/Staff Advisor |
| | | Team Parent |
| | | MRHS Athletic Director |
| | | or MRHS Administrator |
| | | of Wixi is Administrator |
| | | |

Please attach any relevant information to this form.

Keep a copy for your records.

22450 - 19th Avenue South, Des Moines, WA 98198 - EIN # 91-1630686