



LANSING CHRISTIAN SCHOOL
**REQUEST FOR FUNDRAISER ACTIVITY, EVENT,
OR SERVICE PROJECT**

Name of Event/Activity: _____

Date of proposed Activity: _____ (Two weeks notice required)

Name of Class/Account: _____ Individual Student Accounts

Parent or Staff responsible: _____ Home Phone: _____

Cell phone: _____ Email: _____

Description of the fundraiser, including the purpose (attach additional sheets if needed):

Estimated Profit of Fundraiser: \$ _____

Names of adults who will be supervising the activity:

Signature: _____ Date: _____

Submit to principal for approval

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 Approved

Not Approved. Reason _____

Principal approval: _____ Date: _____

Administration approval: _____ Date: _____

Cc: Linda Hornberger
Sheri Shank