

ALPENA PUBLIC SCHOOLS
REPORT OF FUND-RAISING ACTIVITY

This form is to be completed and submitted to the Building Principal (or Athletic Director if request is made by a Booster Group or Sports Team) *WITHIN 10 DAYS OF COMPLETION OF THE FUND-RAISING ACTIVITY.*

Name of Organization/Group: _____

Advisor/Coach/Representative: _____ Date of Fund-Raiser ___/___/___

Geographic Area(s) of Fund-Raising: _____

- Type of fundraiser:
- "Service" (bake sale, dinners, car washes, bottle drives). This type of fund-raiser is unlimited as to the number of such fund-raisers you may have in one (1) year.
- "Sales" (Person-to-Person, i.e. candy, pop, cheese, wrapping paper, etc.) **limited to one (1) per school year.**

<p>Amount of Money Collected: _____</p> <p>Amount of Expenses Incurred: _____</p> <p>NET PROFIT/LOSS: _____</p> <p>Date of Deposit ___/___/___ Location of Deposit _____</p>
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Did you encounter any problems with this fund-raiser?

- YES NO

If YES, please explain:

Would you recommend this fund-raiser to other groups?

- YES NO

 Signature of Coach/Advisor/Representative

_____/_____/_____
 Date