

COOPERSTOWN CENTRAL SCHOOL  
COOPERSTOWN, NY

FUNDRAISING REQUEST FORM

Name of Organization: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Description of Fundraiser: \_\_\_\_\_  
\_\_\_\_\_

Date Requested: \_\_\_\_\_

Alternate Date: \_\_\_\_\_

Expected Duration of Activity (# of days or weeks): \_\_\_\_\_

Date Fundraising will End: \_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_  
Student Council President

\_\_\_\_\_  
Student Council Advisor

Administrative Approval   Y   N

\_\_\_\_\_  
Building Administrator