

Event Code # _____

Date: _____

Calhoun Middle High School Fund Raiser

Beginning date of Event _____ End date _____

Organization/Club _____

Vendor (purchasing from) _____

Location of Event _____

Description of Fund Raiser Event: _____

Funds will be used for: _____

Percentage of Profit _____

Money will be collected () with orders () at delivery

Sales Tax applicable () Yes () No

If not, explain reason _____

Account Number _____

Completed by _____

Approved by _____ Date _____