



Sacred Heart Catholic School

106 N. Saint Joseph St.
Morrilton, AR 72110
501-354-8113

Msgr. Jack Harris
Pastor
Buddy Greeson
Principal

REQUEST FOR AUTHORIZATION TO CONDUCT A FUNDRAISING ACTIVITY FOR SACRED HEART SCHOOL

Sponsored by: _____

Contact Person: _____

Phone: _____ Email: _____

Date or period of time of activity: _____

Description of fundraising activity _____

Who will be participating/buying (circle all that apply):

Students Parents Businesses General community Other: _____

Selling price of article/ticket: _____

Purpose: (what will the money be used for?) _____

Does supplier require guarantee? Yes _____ No _____

Is merchandise returnable? Yes _____ No _____

Anticipated: Gross Sales \$ _____ Net Profit \$ _____

Do you plan on this being an annual activity? Yes _____ No _____

Submitted by: _____

Title: _____ Date _____

(PLEASE SUBMIT TO THE DEVELOPMENT OFFICE FOR SCHOOL BOARD/PRINCIPAL REVIEW AND APPROVAL)

Approved _____ Disapproved _____

Principal Signature _____

Date _____