



Coffeerville School District

DR. VIVIAN ROBINSON
SUPERINTENDENT

DEATRICE WHITE
ASSISTANT SUPERINTENDENT

96 Mississippi Street * Coffeerville, MS 38922
Phone (662) 675-8941 * Fax (662) 675-5004

REQUEST FOR FUND RAISING

Name of Club, Group, or Organization: _____

Is this group funded by any other source? ___ Yes ___ No

If yes please explain funding source: _____

What do you plan to sell or do? _____

Vendor name for this fundraiser: _____

Vendor address: _____

City: _____ State: _____ Zip: _____

Fundraiser **start** date: _____ 20____ Fundraiser **end** date: _____ 20____

What will the profits from this fundraiser be used for? _____

Submitted By: _____ Date: _____ 20____

Vendor Clearance: ___ APPROVED ___ DISAPPROVED Business Manager: _____ Date: _____

___ APPROVED ___ DISAPPROVED Principal: _____ Date: _____

___ APPROVED ___ DISAPPROVED Superintendent: _____ Date: _____