



INTERNATIONAL SCHOOL OF LOUISIANA

**THIS FORM MUST BE COMPLETED & APPROVED BY THE DEVELOPMENT OFFICE AT
LEAST 2 WEEKS PRIOR TO THE FUNDRAISING EFFORT.**

Date of Request: _____

Name of Requesting Class/Organization: _____

Primary Contact Name: _____ Phone (Cell) Number: _____

Contact E-mail Address: _____

All events MUST have an adult present who collects and secures funds.

Type of Fundraising Effort: Event Raffle Sale Letter Personal Solicitation

If Letter or Personal Solicitation: Request for Goods or Services Request for Funds

NOTE: Any raffle requires the school to obtain the necessary permits from the State of LA.

Description of Effort: _____

Day(s)/Date(s): _____ Time of Event: _____

Location of Event: _____

How proceeds will be used: _____

Instructional Time Lost? Yes No

Projected Gross Expenses _____ Projected Gross Receipts _____

Projected Net Revenue _____

Please complete below:

CC: Director of Finance Is a PO or Cash Bank required? Yes No *If yes, Amount required:* _____ Coin Needed?

Net proceeds deposited to: _____

CC: Facilities Manager Yes No # of tables needed _____ set up location _____

Audio Visual Required? Yes No Any other special needs? _____

CC: Institutional Development: Publicity Required? Yes No

What type? flyers web press release postcards website announcement

Is a design/logo needed: Yes No (if yes, Print Electronic / Horizontal Vertical)

CC: Front Office Yes No *Event will take place during school hours*

Yes No *The public is invited*

Approved or Denied By: _____ Date: _____
Director of Institutional Development

Approved or Denied By: _____ Date: _____
Principal or CEO