



OSWEGO

CITY SCHOOL DISTRICT

FUNDRAISER REQUEST

Coach/Sport Team:
Coach Contact Information (email & phone):
Type of Fundraiser (description required):
Purpose of the Fundraiser:
Sponsor/Venue Name:
Location:
Date & Time of Function:
Name of other Supervisors at the Event:
Comments:

Approval Date: _____

Athletic Director: _____

Approval: ___ Yes ___ No

Proceeds Made: ___\$_____

Turned into Buc Boosters: ___Yes ___No