

The following information must be provided for an application to be reviewed by the Grand Island Central Catholic Administration. Incomplete applications will be returned to the applicant. Submit the completed application to the Activities Director at least 2 weeks prior to the desired start date of your potential fundraiser.

GICC ACTIV	/ITY/TEAM/CLUB NAM	E:		
SPONSOR/	COACH NAME:	EMAIL:		CELL:
REQUESTE	D START DATE:	END DATE:	# OF STUDENTS: _	
DESCRIPTIO	ON OF ITEM(S) BEING S	SOLD OR SERVICE BEING OFFE	RED:	
TARGET AL	IDIENCE BEING ASKED	TO PURCHASE:		
		EXPENSE OF 1 ITEM		
	ON OF HOW FUNDS W	'ILL BE USED:		
1	CC USE ONLY oplication has been:	Received Date	Received Initials	
		Reviewed Date	Reviewed Initials _	
	Approved – Fundrai	ser may begin on date:		
	Denied – Reasons for Denial can be any/all of the following: Product/service is unsuitable for marketing at GICC. Unit costs are not appropriate for a GICC fundraiser. Insufficient profit potential. Unacceptable product or service guarantee. Other.			

All funds raised by the students/families will be applied directly to their own school accounts to offset activity expenses. Students are <u>not</u> required to sell anything to make the team, nor participate in any fundraisers for the team. The goal of fundraising is to help the students offset expenses for this school-sponsored activity.