

**Check Request  
MCHS Stampede Club**

**Date** \_\_\_\_\_

**Sports Team** \_\_\_\_\_ **Coach** \_\_\_\_\_

**Person Requesting Check** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **E mail address** \_\_\_\_\_

**Purpose of cost** \_\_\_\_\_

**Category: Fundraising** \_\_\_\_ **General** \_\_\_\_ **Other** \_\_\_\_\_

**Amount \$** \_\_\_\_\_ **Check paid to** \_\_\_\_\_

**Address check sent to** \_\_\_\_\_

**\*You must attach a receipt/invoice for all requests.\***

\_\_\_\_\_  
**Coach Signature**

\_\_\_\_\_  
**Athletic Director**

\_\_\_\_\_  
**President, Vice President or Treasurer**

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Treasurer's use only

**Check Number** \_\_\_\_\_ **Check Date** \_\_\_\_\_

**Account Description** \_\_\_\_\_ **Recorded Initial** \_\_\_\_\_



WAKE COUNTY PUBLIC SCHOOL SYSTEM

FUND RAISING – SOLICITATION REQUEST

Student Activities
Student-Sponsored Fund Raising Events

6800 R&P
6822 R&P

Type of Activity

Purpose of Activity

What is the Cost?

Estimate Profit? Dollars Percent

Procedure to be Used

Proposed date(s) of activity

Place where activity will be carried out

Name of Sponsoring Organization

Chairman of President

Faculty Advisor

Approved by Principal

Superintendent's Designee

\* Send to area assistant superintendent two (2) weeks prior to anticipated beginning date of the activity.