



Trail Wind PTO

SUPPORT - SERVICE - COMMUNITY

Fundraiser Proposal Form

Please complete this form and return to the PTO Board for Review.

Proposed Fundraiser _____

Proposed By _____

Phone Number or Email _____

Proposed Date _____

Chairperson of Event _____

Committee Members and Duties:

1. _____

2. _____

3. _____

Cost of Fundraiser: _____

Expected Profits: _____

To Be Filled Out By PTO President

Approved For Presentation at General Meeting on _____

Signed _____ Date _____

PTO Board Member on Committee: _____

Reviewed but not approved at this time.

Signed _____ Date _____