

## Bake Sale Request Form

Grade/Club: \_\_\_\_\_

Teacher/Moderator: \_\_\_\_\_

Date (First Choice): \_\_\_\_\_

Date (Second Choice): \_\_\_\_\_

Money will be applied toward \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Bake Sale Coordinator: \_\_\_\_\_

Approved By:

Teacher \_\_\_\_\_ Date \_\_\_\_\_ Calendar \_\_\_\_\_

Principal \_\_\_\_\_ Date \_\_\_\_\_ Calendar \_\_\_\_\_

Office Calendar \_\_\_\_\_