

# School Spa Fundraiser Form

Name of Organization or School: \_\_\_\_\_

Address of Organization or School: \_\_\_\_\_

Fundraiser Contact Person: \_\_\_\_\_

Contacts phone number: \_\_\_\_\_

Contacts email address: \_\_\_\_\_

Reason For Fundraiser: \_\_\_\_\_

Date of Spa Fundraiser: \_\_\_\_\_

Time Frame for Fundraiser: \_\_\_\_\_

Services offered at Fundraiser: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Number of Attendants to Fundraiser: \_\_\_\_\_

Percentage to be donated back to organization or school: \_\_\_\_\_ %