



## FUNDRAISING REQUEST FORM

LEXINGTON CHRISTIAN ACADEMY

450 West Reynolds Road, Lexington KY 40503

(859) 422-5700 \* [www.lexingtonchristian.org](http://www.lexingtonchristian.org)

**Group(s) Requesting Fundraising Project:** \_\_\_\_\_

**Contact person:** \_\_\_\_\_

**Contact person email and phone:** \_\_\_\_\_

**Define your project - Please include all relevant information, including any request for sponsorships or business contacts, so that the committee has a complete understanding of what your project is.**

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**Proposed date(s) for this project:** \_\_\_\_\_

**Will this project require soliciting LCA families?** \_\_\_\_\_

**Does this project "profit share" with another group or business?**

If "yes", what is the name of that group or business? \_\_\_\_\_

If "yes" what is the contact name and phone for that group or business?

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If "yes", what is the profit percentage breakdown?

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**Does your project require parent participation or will students oversee the project?**

**Explain:** \_\_\_\_\_

**What is your expected revenue for this project?** \_\_\_\_\_

**What are the costs associated with your project?** \_\_\_\_\_

**Date submitted to LCA:** \_\_\_\_\_