

Circle R Candle Co.

Fundraising event request form

Organization Name _____ Phone # _____

Address _____ City _____ St _____ Zip _____

Contact Person _____ Phone # _____ Email _____

Requested Sale Dates - Start _____ End _____ Orders picked up _____

Requested completed delivery by _____.

Approximate number of Students/Staff selling in this fundraiser _____.

What are your sale goals? # of candles _____ Gross profit \$ _____

What are your 10 (ten) fragrance choices?

1. _____ 6. _____

2. _____ 7. _____

3. _____ 8. _____

4. _____ 9. _____

5. _____ 10. _____

We at *Circle R Candle Co.* Thank You for the opportunity to work with your organization!