



## ROME CITY SCHOOL DISTRICT FUNDRAISER PERMIT

409 Bell Road, Rome, New York 13440, (315) 338-6500

*The Sponsoring Agency must obtain required signatures from either the school principal or a district administrator.*

*All requests must be submitted to the Director of Business and Finance at least 30 days prior to the scheduled event.*

*Dates and times of must be provided at the time of submission.*

*If request is not submitted within the specified time period and without the required information, the request will be rejected.*

**Sponsoring Agency:** \_\_\_\_\_

**Requested by:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Type of Fundraiser:** \_\_\_\_\_

**Purpose of Fundraiser:** \_\_\_\_\_

**Type of Organization:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**School or Activity Location:** \_\_\_\_\_

**Room/Area(s) Requested:** \_\_\_\_\_

**Date(s) and Time(s) Needed:** \_\_\_\_\_

**Approximate Number of People:** \_\_\_\_\_

**Individuals Supervising Fundraiser:**

Name	Address	Telephone #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*It is clearly understood by the Sponsoring Agency that the Rome City School District will be held safe harmless from any and all liability for injury or damage resulting from this group's requested activity. In addition, Sponsoring Agency hereby accepts sole responsibility for carrying out of all aspects of setup and completion, including the collection and deposit of any and all funds resulting from the specified fundraiser.*

### FOR DISTRICT USE ONLY

**Approval Level: Building** ☐ Yes ☐ No **Approval Signature:** \_\_\_\_\_

**Approval:** ☐ Yes ☐ No

**Date:** \_\_\_\_\_

**Approval Signature:** \_\_\_\_\_

*Director of Business & Finance*

**Signature of Individual responsible for collection and deposit of funds:** \_\_\_\_\_