



Request for Fundraising Activity

All fundraising requests due 30 days before start of fundraiser, yearlong fundraising due by August (including benefits, 50/50, spirit wear, etc) or may be denied.

School _____ Date _____

Student Group Participating in Sales _____

Sponsor _____
Name of teacher, student group, club, PTO/PTA, or booster group

Contact Person _____ Telephone No. _____

Purpose of Fundraiser _____

Description of Activity _____

Sales Dates _____ through _____

Advancement of Funds(if any) \$ _____ Expected Profit \$ _____

Names of Adult Sponsors Participating _____

Name of Bank Account where proceeds will be deposited _____

Vendor Information:

Name _____ Contact Person _____

Address _____
Street Address City State Zip Code

Telephone No. _____ Vendor Payment Terms _____ % of Profit _____

Acknowledgement:

I, _____, hereby acknowledge that I have reviewed the District's written fundraising procedures and the policy set forth by the Board of Education.

Sponsor Name Date

Approval:

Approved _____ Not Approved _____

Principal Date

Superintendent Date



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