

STUDENT FUNDRAISING
(Fundraising Approval Form)

Today's Date: _____

Fundraising Request for (check one):

- Fall (Due September 1) Spring (Due January 10) Summer (Due May 20)

Group/Activity Name: _____

Group/Activity Sponsor: _____

Sponsor Phone Number: _____ - _____ - _____ Ext: _____ Email: _____

Fundraiser/Brief Description: _____

Date(s) of Fundraiser: _____ Anticipated Profit from Fundraiser: \$ _____

Grade Levels Involved: _____

If an outside vendor is being used, please provide the following contact information:

Vendor name: _____

Address: _____

E-mail: _____

Phone: _____ - _____ - _____ Ext. _____ Fax: _____ - _____ - _____

Please select the appropriate fundraiser type:

- Advance Sale/Door-to-Door Fundraiser
- Non-advance Sale (bake sale, car hop, car wash, etc.)
- Charitable Fundraiser (proceeds to benefit charitable organization)
- Community Event/Family Event Fundraisers (i.e., restaurant nights, skating parties, gymnastics, etc.)
- Donation/Sponsor Solicitation (requests to businesses/others for money)
- Internal Fundraiser (primary customers are students and staff within building)

Who are the target customer(s): _____

Briefly explain the fundraiser (what will be sold and how the fundraiser will be carried out.)

Explain how the funds raised will be used:

Will students or staff be solicited on school property? Yes _____ No _____ If so, explain how and where (Example: lollipops before school or carnations at lunch)

Will community members and businesses be solicited? Yes _____ No _____ If so, explain how:

Will the group or organization need to sign a contract? Yes No

If yes, attach the contract to this form for review before signing.

Describe any up-front money or other necessary commitments of the District resources:

Will the fundraiser be advertised? Check all that apply:

Flyers

Email parents

Mailing

School publications

School App Notification

Social media

Other _____

Describe the method of collecting and securing funds. Include a description of how sales and receipt of funds will be documented.

Sponsor/Coach/Teacher Signature _____ Date _____

Building/Program Administrator Approved _____ Not approved _____

Reason _____

Building/Program Administrator Signature _____

Central Office Approved _____ Not Approved _____

Reason _____

Central Office Signature _____