

2009 – 2010 Booster/PTO Organization
FUNDRAISER REQUEST

School Requesting Approval: _____

Requested by: _____ Date _____
Name of Booster Club

Proposed Fundraising Activity _____

Purpose of Fundraiser _____

Will ANY part of fundraiser take place during instructional time? Yes No
See Board Policy 6.701

Booster/PTO Club Acct. Balance \$ _____ **As of Date:** _____

Anticipated date(s) of Fundraiser Beginning _____ Ending _____

Day(s) of Week _____ **Time(s) of Fundraiser** _____

Expected student involvement (schoolwide or specific school organization) _____

Margin of profit (if available) _____

Method by which booster club will receive income _____

Contact Info: email: _____ Phone: _____

Signature of Booster/PTO Sponsor _____

-----For Booster Club Board to complete-----	
Approved by _____	Date _____
Booster Club / PTO Board Member	
Approved by _____	Date _____
Teacher Sponsor/Coach (if applicable)	
Approved by _____	Date _____
Athletic Director/Band Director (if applicable)	
As Per Board Policy 6.701, this fundraiser is _____ PASSIVE _____ ACTIVE	
Submit to school bookkeeper when complete for further administrative approval.	

PRINCIPAL: Approves _____ Disapproves _____ Initial: _____

SUPERINTENDENT or DESIGNEE: Approves _____ Disapproves _____ Initial _____
Date: _____

Form is to be submitted to the bookkeeper. Upon approval or denial, the bookkeeper will contact the Booster Sponsor at the email provided above.