

2018-2019 BOOSTER/PTO FUNDRAISER REQUEST
SUBMIT FOR APPROVAL 2 WEEKS BEFORE START OF FUNDRAISER

School Requesting Approval: _____ Date: _____

BOOSTER OR PTO NAME: _____

Proposed Fundraising Activity *(please be specific and attach copy of all advertising to be used as part of fundraiser)*: _____

Proposed Location(s) of Fundraiser: _____

What will funds be used for: _____

Will alcohol be accessible at fundraising activity or on premises at fundraiser location? _____
If "Yes", explain: _____

Will **ANY** part of fundraiser take place during instructional time? (See Board Policy 6.701) **Yes No**
If "Yes", Fundraiser is ACTIVE. If "No", Fundraiser is Passive.

Booster/PTO Club Account Balance \$ _____ As of Date _____

Anticipated date(s) of Fundraiser: Beginning _____ Ending _____
Day(s) of Week _____ Time(s) of Fundraiser _____

Expected student involvement (school-wide or specific school organization): _____
Margin of Net Income (if applicable): _____ Method by which school will receive income: _____

BOOSTER/PTO Contact 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)

Submit to school bookkeeper when complete for further administrative approval.

PRINCIPAL: Approves ___ Disapproves ___ Initial: _____ Date: _____

ASSISTANT SUPERINTENDENT: Approves ___ Disapproves ___ Initial: _____ Date: _____

All requests (approved or denied) will be returned to the PRINCIPAL.
Form is to be submitted to the appropriate assistant superintendent for approval.