

2019-2020

**BOOSTER/PTO FUNDRAISER REQUEST**

**MUST 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: \_\_\_\_\_

*\*If facility use required, please attach copy of the request to this form to give to the principal.\**

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 Solicitation Date: \_\_\_\_\_ Ending: \_\_\_\_\_

Main Event Date: \_\_\_\_\_ Time(s): \_\_\_\_\_

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: \_\_\_\_\_

SUPERINTENDENT: Approves \_\_\_ Disapproves \_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_