

2023-2024

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, i.e., ticket sales, concessions, etc., 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 be given to the principal. **

What will funds be used for (attach separate sheet if needed): _____

Will alcohol be accessible at fundraising activity or on premises at fundraiser location? _____
If "Yes", explain: _____
(Schools cannot benefit from the direct sale or sponsorship of anything related to alcohol)

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: _____
Please Print Clearly

Printed

Name: _____ Signature: _____ Date _____

BOOSTER/PTO Sponsor (Print Clearly)

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: _____

-----CENTRAL OFFICE TO COMPLETE-----

Departmental Director: Approves _____ Disapproves _____ Initial: _____ Date: _____
(if applicable - Athletic, Fine Arts, Legal Counsel)

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

SUPERINTENDENT: Approves _____ Disapproves _____ Initial: _____ Date: _____