# Fund-Raising Activities-Proposal

## FUND RAISER APPROVAL

| | |
|---|---|
| School | |
| Activity Account | |
| External Support/Booster Organization | |
| Name of Fundraiser | |
| Sponsor | |
| Date Submitted | |

Purpose of fund-raising activity:

Items to be sold:

Beneficiary of fund-raising activity:

Date(s) scheduled:

Names of adult supervisors at activity (chaperones, custodians, etc.):

Athletic Fundraiser ☐ Yes ☐ No

If yes, sport involved:

Corresponding sport participating in fundraiser? ☐ Yes ☐ No

Coaches' Signature (corresponding sport) Date

Circle one: Approved Not Approved

Date

Principal Date

SBDM Council (If Council Policy) Date

Superintendent (If School-Wide Fundraiser) Date





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## Fund-Raising Activities Proposal

ALL SALES REPRESENTATIVES WHO WISH TO PARTICIPATE IN A SCHOOL FUND-RAISING PROGRAM SHALL COMPLETE THE FOLLOWING FORM AND SUBMIT IT TO THE SUPERINTENDENT/DESIGNEE FOR APPROVAL.

**NAME/ADDRESS OF BUSINESS FIRM**

**REPRESENTATIVE'S NAME PHONE #**

**DESCRIPTION OF ITEMS*** (*ATTACH BROCHURES, ETC., IF APPLICABLE.*)

**DESCRIPTION OF PROGRAM**

**COMPANY REGISTERED WITH BETTER BUSINESS BUREAU?** ☐ YES ☐ NO

**PRICING** (*ATTACH PRICE LIST, IF APPLICABLE.*)

WHOLESALE PRICE OF ITEMS

RETAIL PRICE OF ITEMS

SCHOOL PROFIT

**** ITEMS SHALL NOT INCLUDE COUPONS FROM OTHER BUSINESSES AS INCENTIVES FOR PURCHASE.***

***SALES REPRESENTATIVE'S SIGNATURE***

***DATE***

***SUPERINTENDENT/DESIGNEE'S SIGNATURE***

***DATE***

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