

Fund-Raising Permission Request
Parent Organizations

Booster Club Name: _____ Campus Name: _____

Type of Activity/Product to be sold: _____

Vendor: _____

Estimated profit from this fund-raiser: _____

Profit to be used for: _____

Dates for fund-raiser: Beginning ___/___/___ Ending ___/___/___

Location of Event: _____ Time: _____

This is the fund-raising activity for this semester that I have requested for this group.
 1st 2nd 3rd 4th

Are you using this as one of your two tax free days? YES or NO

Name of Organizations Representative (Print)

Phone Number

Signature

___/___/___
Date

Name of Person Responsible for Fund-Raiser (Print)

Phone Number

Signature

___/___/___
Date

Name of Person Responsible for Money Handling (Print)

Phone Number

Signature

___/___/___
Date

Authorization:

() Approved () Disapproved

Name of Principal (Print)

Signature

___/___/___
Date

All fund-raiser requests must be submitted to the Principal for his/her approval at least 30 days before the scheduled fund-raiser.