

REQUEST FOR APPROVAL OF FUNDRAISING ACTIVITY

(Type or print in black ink)

Name of School: _____**Name of Organization(s):** _____**Contact Name:** _____ **Phone:** _____**Email:** _____**Description of the requested fundraiser:****Date(s) of Fundraiser:** _____**Items to be sold:** _____**Location of Fundraiser:** _____**Reason the funds are being raised:** _____

For food sales DURING the school day, complete the following section:

- I certify my fundraiser, if approved, will not operate anywhere on the school campus 30 minutes prior to until 30 minutes after the end of meal service.
- I certify my fundraiser, if approved, will not exceed 3 school days in length.
- I certify that my organization will maintain all required documents including food labels of products sold and receipts for my fundraiser. In addition, I will provide these documents to the school/district upon request.

Sponsor's Approval _____ **Date** _____**Principal's Approval** _____ **Date** _____**Wellness Approval** _____ **Date** _____
(food items only)**Board Approval** _____ **Date** _____