

2022-2023

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