

TREYNOR COMMUNITY SCHOOL DISTRICT - PERMISSION TO FUNDRAISE FORM

(Important! This form must be completed and Board approved before holding a fundraiser!)

GROUP (CLUB, TEAM, ORGANIZATION): _____

ADVISOR'S NAME: _____ DATE: _____

PROPOSED FUNDRAISER: _____

NET AMOUNT REQUESTED TO BE RAISED: _____ ACTIVITY ACCOUNT BALANCE: _____

WHY ARE CURRENT FUNDS NOT BEING USED?
(Current funds should be exhausted before fundraising for additional funds)

PURPOSE/NEED OF THE FUNDRAISER?
(Must be for a specific purpose)

REQUESTED DATE FOR FUNDRAISER: (Beginning date: _____ ending dates: _____)

DATE FORM DUE TO MAIN OFFICE: _____ DATE FUNDRAISER BOARD APPROVED: _____
(First Monday of the Month) (Second Monday of the Month)

FINAL PROFIT/LOSS FINANCIAL REPORT DUE DATE(Within two weeks of the ending date): _____

REVENUES FROM FUNRAISERS MUST BE DEPOSITED INTACT AND ALL EXPENDITURES MUST BE MADE WITH A PURCHASE ORDER.

I UNDERSTAND THAT IF MY FUNDRAISER REQUEST WAS NOT BOARD APPROVED PRIOR TO FUNDRAISING, THE FUNDS COLLECTED WILL BE PUT INTO AN ACCOUNT IN THE ACTIVITY FUND AND USED FOR THE GOOD OF ALL STUDENTS.

I AGREE TO ABIDE BY ALL FUNDRAISING EXPECTATIONS AND PURCHASE ORDER PROCEDURES.

ADVISOR/COACH _____ DATE _____

<u>APPROVED BY:</u>	<u>DATE</u>	<u>COMMENTS</u>
<u>POSITION</u>		
_____	_____	_____
(Activities Director)		
_____	_____	_____
(Principal)		
_____	_____	_____
(Superintendent)		
_____	_____	_____
(Board of Education)		

A COPY OF THIS FORM WILL BE SENT TO THE REQUESTOR ONCE THE FUNDRAISER IS BOARD APPROVED

FOR OFFICE USE ONLY: _____ APPROVED ON TIME _____ FUNDRAISER NUMBER _____ FINANCIAL STATEMENT RECEIVED _____