2021-2022 <u>BOOSTER/PTO FUNDRAISER REQUEST</u> MUST SUBMIT FOR APPROVAL 2 WEEKS BEFORE START OF FUNDRAISER

School Requesting Approval:	Date:
BOOSTER OR PTO NAME:	
Proposed Fundraising Activity <mark>(please be specific and attach copy of all advertising to be used as part of fundraiser)</mark> :	
Proposed Location(s) of Fundraiser:	
Will alcohol be accessible at fundraising activity <u>or on premises</u> at fundraiser location? If "Yes", explain:	
Will <u>ANY</u> 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	e(s):
Expected student involvement (school-wide or specific school organization: Open to Community	
Margin of Net Income (if applicable): Method by which school will receive income:	
BOOSTER/PTO Contact Email:	Phone:
Signature of BOOSTER/PTO Sponsor:	
For Booster Club Boa	rd to complete
Approved by Booster Club / PTO Board Member	Date
Approved by Teacher Sponsor / Coach (if applicable)	Date
Approved by	Date
Submit to school bookkeeper when complete for further administrative approval.	
PRINCIPAL: Approves Disapproves Initial: _	Date:
ASSISTANT SUPERINTENDENT: Approves Dis	approves Initial:Date:
SUPERINTENDENT: Approves Disapproves	_ Initial:Date: