

Gibraltar School District Fundraiser Request Form

Policy



A form must be submitted for every fundraiser and shall not begin until proper approval from the building or Central Office has been given.

| | | | | | | | |
|---|--------|-------|--|---------------------|-----|-------|--|
| Person requesting the fund-raiser | Name | | | | | Date | |
| | E-mail | | | | | | |
| Group represented | | | | | | | |
| Name & phone number of supervisor in charge. | | | | | | | |
| Purpose of project | | | | | | | |
| What products/services will be sold? Please describe. | | | | | | | |
| Cost range of the products | | | | | | | |
| Fund-raising company | | | | | | | |
| Address | | | | | | | |
| City | | State | | Zip Code | | Phone | |
| Where will the products/services be sold? | | | | | | | |
| Beginning date of sale | | | | Ending date of sale | | | |
| How much do you expect to net? | | | | | | | |
| Name of activity account or number | | | | | | | |
| What do you propose to do with the money earned? | | | | | | | |
| If supplies/equipment are to be purchased – will these items be turned over to the school district? | | | | | YES | | |
| | | | | | NO | | |
| <p>Are you paying upfront costs for supplies/equipment? Yes/No If yes, please supply a copy of your current activity fund account balance. Must supply contract with request.</p> | | | | | | | |
| <p>If permission is granted for the above fundraiser, you must realize that all money collected is to be deposited into the appropriate account. You will be given a receipt for all deposits. In addition, any funds needed to purchase APPROPRIATE items/equipment are to be paid by school check from this account. Under NO circumstances are you to keep money collected at home or in your own bank account. Signing this form indicates your agreement/understanding of this policy.</p> | | | | | | | |
| Signature of sponsor: | | | | | | Date | |

Fundraiser conducted within a building – to be completed by building principal

| | | | |
|-----------------------|--|--|--|
| Approved | | Rejected | |
| Principal's Signature | | Date placed on District Fundraising Calendar | |

Fundraiser outside a building - to be completed by Central Office

| | | | |
|----------------------------|--|--|--|
| Approved | | Rejected | |
| Superintendent's Signature | | Date placed on District Fundraising Calendar | |

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|-------------------------|--|--|--|
| Comments if applicable: | | | |
| | | | |

Copy returned to sponsor on _____ Sent by e-mail _____ fax _____ inter-office _____