



Empowering
Futures Together

FUNDRAISING EVENT AUTHORIZATION REQUEST FORM

DATE OF REQUEST:										
ORGANIZATION NAME:			ADVISOR NAME:							
PURPOSE OF EVENT:										
DESCRIPTION OF PROJECT AND/OR ITEMS BEING SOLD:										
Is item being sold food?		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	If answer is yes, complete hours of sale below.				
TYPE OF FUNDRAISING PLATFORM:	<input type="checkbox"/>	SDOJ	<input type="checkbox"/>	CROWDFUNDING CAMPAIGN	SITE NAME:	<input type="checkbox"/>	SITE LINK:			
HOURS OF SALE:	<input type="checkbox"/>	During School Day			<input type="checkbox"/>	Outside of School Day				
		_____ - _____ AM or PM (circle one)								
DATES OF SALE:					ANTICIPATED PROFIT:					
APPROVAL /DENIAL BY BUILDING PRINCIPAL										
IS STUDENT FUNDRAISER EXEMPT?		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	E1	<input type="checkbox"/>	E2	<i>Policy allows two exempt fundraisers per student organization per school, per year, during school day.</i>
<i>No restrictions are placed on the sale of food/beverage items sold outside of the school day.</i>										
BUILDING PRINCIPAL:		EVENT COMPLIES WITH DISTRICT'S WELLNESS POLICY GUIDELINES:				<input type="checkbox"/>	YES	<input type="checkbox"/>	NO*	
		<input type="checkbox"/>	APPROVED	<input type="checkbox"/>	DENIED	SIGNED:				
DISTRIBUTION COPIES										
Staff Member		Director of Business Services			IT Director <i>(only if fundraiser is for technology devices)</i>					
Superintendent's Admin. Ass't.		Director of Special Education and Pupil Services <i>(only if fundraiser is food related)</i>								

****Event must comply with the district's Wellness policy in order to be approved.***

dh

1/12/18