

POJOAQUE VALLEY SCHOOL DISTRICT
Fund Raising Proposal/Approval Form

Name of Group/Organization: _____

Start date: _____

End date: _____

What is the purpose of this fundraiser? _____

Description of product or service you will be selling: _____

Will you be asking for donations of money, gifts or prizes? _____

If so, who will you request donations from? _____

Who will participate in this fundraiser? _____

Where will this fundraiser be held? _____

What time of day will fundraising take place? _____

How will products be sold? _____ Direct Sales _____ Orders taken

If orders are taken, how will products be delivered? _____

Are there startup costs required for this fundraiser? _____ Yes _____ No

If yes, how will they be paid? _____

Name / Phone # of person responsible for fundraiser? _____

List any outside groups or individuals providing assistance: _____

How is parent permission to be obtained for students to participate in the fundraising activity? _____

By signing below and submitting this form, I/we recognize that a student's participation in school related fund-raising activities is voluntary. No student will feel pressured to participate in a fund-raiser, nor should his or her actions affect academic or participation in extra-curricular activities. I will also clearly state that if a student does not participate in the fundraising, that student or his or her parent/s will be responsible for his or her portion of expenses for which the fund raiser is designed (i.e. trips, uniforms, etc.).

By signing below and submitting this form, I/we acknowledge that all funds must be delivered to and received and receipted by the bookkeeper in a timely fashion. At no time will funds be kept in an unsecured location and funds will be deposited within 24 hours.

Signed _____ Date: _____

Routing:

1. Principal _____ Approved _____ Not Approved

2. Superintendent/Designee _____ Approved _____ Not Approved

Return copy approved or not approved to originator