

PTO/Booster Club Fundraiser Application

ORGANIZATION NAME: _____

CONTACT PERSON: _____ PHONE: _____

CONTACT PERSON EMAIL ADDRESS: _____

CONTACT PERSON MAILING ADDRESS: _____

PROPOSED FUNDRAISER: _____

COST PER ITEM: \$ _____ PROPOSED SALE PRICE: \$ _____

ESTIMATED # ORDERED: _____ LOCATION OF FUNDRAISER: _____

**IF THE FUNDRAISER IS ON SCHOOL PROPERTY, A BUILDING USE REQUEST MUST ALSO BE
COMPLETED & APPROVED**

FUNDRAISER BEGINNING DATE: _____

FUNDRAISER COMPLETION DATE: _____

ADMISSION OR ENTRY FEE: \$ _____

WILL STUDENTS BE PARTICIPATING IN THE ACTIVITY? YES ___ NO ___

ANY PROFIT GENERATED FROM THIS FUNDRAISER WILL BE USED FOR THE FOLLOWING:

PTO/BOOSTER CLUB SIGNATURE: _____ DATE: _____

ADMINISTRATOR SIGNATURE: _____ DATE: _____