



PARENT ORGANIZATION/BOOSTER CLUB APPLICATION FOR FUNDRAISING ACTIVITY

FUNDRAISING INFORMATION

Parent Organization/Booster Club Name	Date
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School Site _____

Name of Fundraiser	Date(s) of Fundraiser / / to / /	Time of Day <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
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- Use of Facilities Request submitted
 On Campus Sales
 Off Campus Sales

Note: On campus fundraisers by parent organizations/booster clubs during the school day are prohibited.

Location (Deemed safe and appropriate for students. ___ Principal's Initials)

Items to be sold	Price	Estimated Gross Income	Estimated Expense
Intended Use For Funds Raised			

PLEASE INDICATE THE METHOD(S) TO BE USED FOR OFF CAMPUS SALES:

- Sponsorship/Pledges
 Internet/Telephone
 Sale of Merchandise
 Box Office Sales
 Tournaments/Meets
 Family & Friends
 Ticket Sales
 Restaurant Family Night
 Membership
 Coin Containers
 Other _____

APPROVALS

Parent Organization/Booster Club President's Signature	Date
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Site Administrator's Signature <i>(Site administrator acknowledges the location is suitable and appropriate for student use and fundraising activity.)</i>	Date
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High School Only: Activities Director Signature	Date
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CVUSD BOARD OF EDUCATION APPROVALS

Board Approved Date	Director of Fiscal Services Signature	Date
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