

FAIRFIELD AREA SCHOOL DISTRICT FUNDRAISER REQUEST FORM

Activity/Athletic Group/Team Club: _____ Request Date: _____ Date Received: (office use) _____

Point of Contact: _____ Phone Number: _____

Date(s) and Time(s) of Fundraiser(s): _____
 This is our _____ fundraiser of the school year.

I agree that everything I have said is true and complete to my knowledge.

Signature: _____

DETAILS OF FUNDRAISER		YES	NO
Organization Name:	We understand all participants will be representing Fairfield Area School District and will follow all school code of conduct policies before/during/after the event.		
Description of Fundraiser: (bake sale, car wash, etc.)	We understand that advertisement of this fundraiser will be submitted to and approved by the building Principal at least 2 weeks prior to the fundraising event.		
	We understand reimbursements (if any) for supplies should be submitted no later than 1 month after the event.		
	We understand that we cannot sell food for consumption during the hours of 7:45 am-2:45 pm.		
	We understand that all monies collected must be returned immediately following the event to the Advisor/Coach, which will be deposited into the appropriate Activities account.		
Location of Fundraiser: (Submit Facilities Request upon approval).	I understand Individual school fundraising accounts are only to be used for school expenses, specifically the activity or sport program for which the funds were raised. Funds raised may not be used for any outside purchases such as private lessons, personal equipment, or attendance at performances or sporting events on personal time.		
Purpose of Fundraiser: (must be completed)	We understand if all fundraising funds due to the student are not used, the balance becomes a donation to that specific program.		

Initial/Date	Event Request /	Facilities Request /	Announcement Request
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Your request to conduct a fundraiser at the times and dates indicated is:

Approved Denied

Principal Signature: _____ Date: _____