

**SCOTTSBORO CITY SCHOOLS
FUNDRAISING ACTIVITY REQUEST**

School _____ School Year _____

Organization _____ Date of Proposed Fundraiser _____

Describe how funds will be raised (what will be sold, etc.) _____

Describe the purpose of this activity (how the money will be used, etc.) _____

If a fund-raising company will be used:

1) What is the percentage of total sales that goes to the organization? _____

2) Will the company take back unsold items? Yes ____ No ____

3) If the company offers a prize program, please explain how it is structured. _____

Amount of money to be raised _____

Number of students participating (*Note: If this is a booster club fundraiser, the number of students should be zero.*) _____

If any part of the school will be used, please describe. _____

If students will be soliciting funds, do you have permission from the parents of the students who will participate in the fundraiser? (*Note: If this is a booster club fundraiser, students should not be participating.*) _____

No food items may be sold during the school day.

Faculty Sponsor's Signature

Date

Superintendent's Signature

Principal's Signature

Date

Date of Board Approval

BOOKKEEPER USE ONLY

REVENUES

Due to central office 30 days after end of fundraiser

Revenues Received: \$ _____

Cost of Fundraiser: \$ _____

Total Profit: \$ _____

Signature of Principal: _____ Date: _____

Signature of Teacher/Organization Representative: _____ Date: _____