

Fruitvale Independent School District Request to Conduct a Fundraiser

Date: _____

Club Name: _____ Sponsor: _____

Beginning Date of Sale or Activity: _____

Ending Date of Sale or Activity: _____

Describe the product or activity: _____
(Attach brochure if applicable)

Vendor: _____ Representative: _____
Company Name Phone

Address: _____
Street Address City State Zip

This is the 1st ____ 2nd ____ [3rd ____ 4th ____] money-raising activity (that I have requested)
(if approved)

I certify that I have read and reviewed the Activity Fund Manual and signed the Activity Fund Acknowledgement Form. I am familiar with the school and district policies regarding the sale of merchandise at school and in the community. I accept responsibility for the Sales Tax Collection and cash. I will be responsible for the preparation of the Fundraiser Recap at the close of the fundraiser.

Sponsor Signature

Date

Principal Approval

Date

Principal Approval (if fundraiser is taking place at more than 1 campus)

Date

Principal Approval (if fundraiser is taking place at more than 1 campus)

Date

Date received by Central Office: _____

Approved: Yes _____ No _____

Central Office Approval

Date