



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
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Intended Use For Funds Raised

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

<input type="checkbox"/> Sponsorship/Pledges	<input type="checkbox"/> Internet/Telephone	<input type="checkbox"/> Sale of Merchandise	<input type="checkbox"/> Box Office Sales
<input type="checkbox"/> Tournaments/Meets	<input type="checkbox"/> Family & Friends	<input type="checkbox"/> Ticket Sales	
<input type="checkbox"/> Restaurant Family Night	<input type="checkbox"/> Membership	<input type="checkbox"/> Coin Containers	
<input type="checkbox"/> Other _____			

APPROVALS

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

Board Approved Date	Director of Fiscal Services Signature	Date
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