PLEASANT VALLEY SCHOOL DISTRICT
2018-2019

REQUEST FOR FUND RAISER

(Please check if applicable) ☐ **Student Affiliated Organization (SAO)**

ADVISOR: Complete top portion of this form. Sign and obtain the signature of the building principal. Send this form and any necessary documents to the Activities/Athletic Director for approval and scheduling. Incomplete or incorrect forms will be returned unapproved.

Advisor/Coach: _____ Grade/Program _____ Building _____

Activity/Event: _____ Items to be Sold: _____

Describe the Activity/Event: _____

Requested Date(s) of Activity/Event/Sale: *(Start)* _____ *(End)* _____

Number of Students Involved: _____ Earning Goal: $ _____

Company working with: _____ Cost Involved: $ _____

Signed Contract: *(✓)* _____ N/A _____ Completed & Attached Received by: _____ (Please initial)

Will district facilities be needed? _____ If yes, which facility? _____ Time _____

Facility Use Request: *(✓)* ___ N/A _____ Completed Online By: _____ (Please initial)

Will district transportation be needed? _____ Transp/Field Trip Form: *(✓)* _____ N/A _____ Completed & Attached
Received by: _____ (Please initial)

Advisor Signature: _____ Date: _____

SAO Representative Signature: _____ Date: _____

APPROVAL: *(Please Initial & Date)*

1. Building Principal:	_____ Initial	_____ Date	**2. Athletic/Activities Director:**	_____ Initial	_____ Date
Director of 3. Support Services:	_____ Initial	_____ Date	**4. Business Manager:**	_____ Initial	_____ Date

NON-Student Affiliated Organizations: Funds from this activity may be contributed to: United Way, American Red Cross, PVEN, Special Olympics, or other charitable organization(s). Please identify the organization(s) here: _____

Please attach a copy of this approved form to the Student Activity Purchase Order *when submitting to the business office for payment to the charitable organization your group has chosen. The donation will not be processed without it.*

Complete the section below after the fundraiser event is held. Submit the entire sheet within five (5) days of completion of the event to Lorrie Anderson, Athletic/Activities Office and a copy with the deposit slip to the All Sports Club.

Items Sold	Unit Cost	Sold for $	# Sold	Collected	Profit

Total Amount Deposited: $ _____ Total Account Balance: $ _____

Advisor or President Signature _____

JRK/db 7/23/18