

PLEASANT VALLEY SCHOOL DISTRICT  
2020-2021

**REQUEST FOR FUNDRAISER**

(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 Director of Athletics and Activities 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? \_\_\_\_\_ Transportation/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:**

**2. Director of Athletics and Activities:**

**3. Assistant Superintendent/Assistant to the Superintendent:**

**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, Athletics and 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 \_\_\_\_\_