

**PLEASANT VALLEY SCHOOL DISTRICT
2016-2017**

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 Form: (✓) _____ N/A _____ Completed & Attached Received by: _____ (Please initial)

Will district transportation be needed? _____

Transport/Field Trip Form: (✓) _____ N/A _____ Completed & Attached Received by: _____ (Please initial)

Advisor Signature: _____ Date: _____

APPROVAL: *(Please Initial & Date)*

1. Building Principal: _____
Initial _____ Date _____

2. Athletic/Activities Director: _____
Initial _____ Date _____

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, High School.

Items Sold	Unit Cost	Sold for \$	# Sold	Collected	Profit

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

Advisor or President Signature _____