

Grandview Fundraiser Request Form

ACTIVITY/ATHLETIC GROUP/TEAM /CLUB:	REQUEST DATE
POINT OF CONTACT:	PHONE NUMBER:
DATE(S) AND TIME(S) OF FUNDRAISER(S):	THIS IS OUR _____ FUNDRAISER OF THE SCHOOL YEAR.

I agree that everything I have said is true and complete to my knowledge.

Signature:

DETAILS OF YOUR FUNDRAISER:		Yes	No
Organization Name: (What company are you working with?)	We understand all participants will be representing Grandview High School and will follow all school code of conduct policies before/during/after the event.		
Description of Fundraiser: (Bake sale, car wash, etc.)	We understand that advertisement of this fundraiser will be submitted to and approved by the Activities Office at least 2 weeks prior to the fundraising event.		
Location of Fundraiser: (Request through Facilities)	We understand reimbursements (in any) for supplies should be submitted no later than 1 week after the event.		
Purpose of Fundraiser: (this must be filled out)	We understand that at least one adult must be present for the entirety of the fundraiser and if off site, <u>CPR certified.</u>		
Coordination:	We understand we must request a cash box from bookkeeping and the cash box must only be monitored by adults. All cash boxes must be returned immediately following the event and a deposit slip must be filled out and given back to bookkeeping along with the cash box. Please return pink slip to Activities Director.		
	I understand Individual school fundraising accounts are only to be used for school expenses, specifically the activity or sport program for which the funds were raised. Funds raised may not be used for any outside purchases such as private lessons, personal equipment, or attendance at performances or sporting events on personal time.		
	We understand if all fundraising funds due to the student are not used, the balance becomes a donation to that specific program.		

Initial Date	Event Request	Facilities Request	Announcement Request	
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Your request to conduct a fundraiser at the times and dates indicated is:

Activities Director:

APPROVED _____ DENIED _____

Print Name: _____ **Signature:** _____

A copy of this form will be sent to you for your records upon Approval or Denial of the request.