

Big Sandy Independent School District
Request to Conduct a Fundraiser

Date: _____

Club Name: _____ Sponsor: _____

Beginning Date of Sale or Activity: _____

Ending Date of Sale or Activity: _____

Describe the product or activity: _____
(Attach brochure if applicable)

Vendor: _____ Representative: _____
Company Name Phone

Address: _____
Street Address City State Zip

This is the 1st ____ 2nd ____ [3rd ____ 4th ____] money-raising activity (that I have requested)
(if approved)

I certify that I have read and reviewed the Activity Fund Manual and signed the Activity Fund Acknowledgement Form. I am familiar with the school and district policies regarding the sale of merchandise at school and in the community. I accept responsibility for the Sales Tax Collection and cash. I will be responsible for the preparation of the Fundraiser Recap at the close of the fundraiser.

Sponsor Signature Date

Principal Approval Date

Date received by Central Office: _____

Approved: Yes _____ No _____

Superintendent Approval Date