



# PORT JEFFERSON SCHOOL DISTRICT

## FUND RAISING APPLICATION

Group or Organization sponsoring the fund raising activity: \_\_\_\_\_

Name of School(s): \_\_\_\_\_

Date(s): it will be held: \_\_\_\_\_

Where will it be held? \_\_\_\_\_

***Fund raising applications must be submitted to building principal no less than 30 days prior to the start of fund raising activities.***

Items that will be sold during the fund raising event and the price of each: \_\_\_\_\_

\_\_\_\_\_

\*\*Anticipated amount to be raised (net profit): \_\_\_\_\_

Group or Organization benefiting from or receiving funds that are to be raised: \_\_\_\_\_

Resale Certificate

Intended objective of fund raiser \_\_\_\_\_

Is an outside company involved? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Name of Company \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

Contact Person \_\_\_\_\_

\_\_\_\_\_

Name of Group Advisor	Date	Signature	Phone #
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Building Principal \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved Signature \_\_\_\_\_

Department Coordinator \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved Signature \_\_\_\_\_

Reason for not being approved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ District Office Signature \_\_\_\_\_ Date

\*\* Funds raised will be routed via student organization accounts\*