

**PHELPS, CLIFTON SPRINGS CENTRAL SCHOOL DISTRICT
MIDLAKES MIDDLE/HIGH SCHOOL**

TO: Phelps•Clifton Springs CSD Superintendent & Board of Education

FROM: _____

DATE: _____

RE: Fundraiser Proposal & Approval Form

It is the intention of this document to obtain approval from the Board of Education to

Offer a fundraising activity for the _____ Club

in the form of _____
(type of fundraiser/name of fundraiser)

to run for a duration of _____
(time frame for fundraising activity)

A brief description and purpose of the fundraising event is:

Funds will go toward: _____

Signed:

John Lombardi, Athletic Director

Date

Club Advisor

Date

FUND RAISING ACTIVITY REQUEST FORM

Activity Funds Plan and Report

Complete one form for each activity your class/club/organization is planning.

Today's Date _____

Class/Club/Organization making request: _____

The above group is requesting permission to conduct the following activity in compliance with the school district's extracurricular activity procedures, regulations, Board of Education policies, and NYS Laws. All purchases, receipts and disbursement of funds must be made in accordance with school district procedure, regulations, and policies, and NYS Laws.

ACTIVITY PLANNED: _____

Indicate one: **FUND RAISING EVENT** **SERVICES PROJECT** **OTHER** (explain)

ACTIVITY/SALE DATES: Begin _____ End _____

			<u>Projected (Prior)</u>	<u>Actual (after)*</u>
EXPENSES	1.	_____	\$ _____	\$ _____
(Costs)	2.	_____	\$ _____	\$ _____
	3.	_____	\$ _____	\$ _____
	4.	_____	\$ _____	\$ _____
RECEIPTS	1.	_____	\$ _____	\$ _____
(Income)	2.	_____	\$ _____	\$ _____
PROFIT (Receipts minus Expenses)			\$ _____	\$ _____

The student officers of the above-named Class/Club/Organization understand the above activity and assume responsibility for its fiscal conduct.

NOTE: All four signatures are required before starting this activity, sale, event, or project.

FACULTY ADVISOR Signature _____ Date: _____

STUDENT TREASURER Signature _____ Date: _____

CENTRAL TREASURER Signature _____ Date: _____

NEW YORK STATE TAXABLE Event/Activity/Project: YES NO

PRINCIPAL Signature _____ Date: _____

BOARD APPROVED ON Date: _____

***After this activity, sale, event, or project:**

1. Record the actual Expenses, Receipts and Profit
2. Give original copy of this form to the Central Treasurer, and keep a copy for your records.