

SEYMOUR PUBLIC SCHOOLS - FUNDRAISING REQUEST

Questions 1-12 must be completed - incomplete forms may be returned

1. Sport/Club/Group:  2. Date Form Completed:

3. Person Submitting this Form :

Address:

Phone Number:  Cell Phone Number:

email address:

4. Date(s) of Activity Planned From:  To:   
Day/Date Day/Date

5. Time(s) of Activity Planned From:  To:

6. Type of Activity (car wash, etc.-pls. provide details:

NOTE: For food related fundraisers, the Food Services Director must sign below.

7. Location of Activity:

8. Adult Supervisor at Activity :

Address:

Phone Number:  Cell Phone Number:

email address:

9. How will Seymour students be used at this activity?

10. How will this event be publicized?

(If handouts are to be distributed, please attach a sample to this) form)

11. Who will be in charge of any funds collected?

Address:

Phone Number:  Cell Phone Number:

email address:

12. The proceeds from this fundraiser will be deposited into what account?

Signature - Person Submitting Form \_\_\_\_\_

YOUR COMPLETED FORM SHOULD BE SENT TO THE SCHOOL FOR SIGNATURES.

Signature - Athletic Director (for sports related fundraisers) \_\_\_\_\_

Signature - Principal \_\_\_\_\_

Signature - Food Services Director (for food related fundraisers) \_\_\_\_\_

Signature - Superintendent of Schools \_\_\_\_\_

Please review Board of Education Policy #1324 concerning student participation in charitable fundraising activities