



VICTOR CENTRAL SCHOOLS FUNDRAISING FORM



Please submit this form at least four (4) weeks in advance.

Sponsoring Group: _____ Treasurer/Contact Person: _____

Identify which of the following is being collected during this fundraiser:

- Collection of money in exchange for goods, products, entertainment, services, membership fees
(i.e. product sales, activity nights, dances, concessions, restaurant/business sales nights)
- Collection of monetary donation or contribution without exchange of goods or products
(i.e. donations, sponsoring student participation in activities/events, corporate sponsors)
- Collection of goods, products, items for fundraising or philanthropic purposes
(i.e. clothes/food drive, bottle drive, recycling drive, box tops, labels for education)

Describe the fundraising activity: _____

Describe what the profit and/or goods will be used for: _____

Date(s) for the activity: _____ Location: _____
(Note: door-to-door sales are not permitted)

Has on-campus facility use been approved? Yes No Not Applicable

State the financial goal for this fundraiser *(if applicable)*: \$ _____

Please attach text of any written materials that will be posted or distributed in connection with this event.

Signature of Group Advisor/Representative

Date

Email Address:

Phone:

Mailing Address/School Building: *(For Office Use Only)*

Request Denied

Request Approved – Signatures Required

Signature of Building Administrator or Director Physical Education & Athletics

Date

Signature of Associate Superintendent for Educational Services

Date

Original: Sponsoring Group Advisor/Representative
Copy: Building Administrator
Director of Physical Education & Athletics

School Business Administrator
Associate Superintendent

Extra-Class Treasurer/Calendar Mgmt.
School & Community Relations Coordinator