

UCFSD (Athletic) Fundraising Approval Form

Organization Name: _____ Building: _____

Supporting what Team/Group: _____

Fundraiser Date(s): _____ Time(s): _____

Number of Adults Participating: _____ Number of Students Participating: _____

Description of the Event: _____

If you are selling food, does any of it need to be cooked or maintained at a certain temp? Yes ___ No ___

If YES, do you have a License to Operate and a Certified Food Manager: Yes _____ No _____

If YES, name the person(s) or organization holding these certificates: _____

Location (if applicable): _____

Has an online District facilities request (ML Schedules) been completed? Yes _____ No _____

If District Facilities are NOT being used:

-Does the location/sponsor have insurance: Yes ___ No ___

-Does the off-site location/sponsor need a certificate of insurance from UCFSD: Yes ___ No ___

Contact Name: _____ Signature: _____

Phone: _____ Email: _____ Date: _____



For UCFSD Personnel

Athletic Director Review (if needed): _____

Administrative Review: Approved _____ Denied _____

Comments:

Signature: _____ Title: _____

Date: _____