



Tracy
Unified School District

School – Connected Organization/Booster Club Fundraising Activity Request Form

Date of Request: _____ School Year: _____

Organization/Booster Club: _____

Associated School/Program Name: _____

Fundraising Activity

Proposed Event: _____ Vendor: _____

Description of Fundraiser: _____

Purpose of Fundraiser: _____

Proposed Budget: \$ _____ Estimated Profit: \$ _____

Location of Proposed Activity: _____

Proposed Date(s) of Event: _____ / _____ Civic Permit # (If applicable): _____

Chair Person: _____ Phone Number: (_____) _____

Chairperson's Signature: _____

Office Use Only

Approved

Disapproved

Principal's Signature

Date

Athletic Director's Signature (High Schools only if applicable)

Date

Activities Director's Signature (High Schools only if applicable)

Date

Bookkeeper's Signature (High Schools only)

Date

All fundraiser requests must be submitted to the Principal for his/her approval at least 30 days before the scheduled fundraiser.