

LITCHFIELD ELEMENTARY SCHOOL DISTRICT #79

FUNDRAISING/FOOD INCENTIVE REQUEST FORM

School: \_\_\_\_\_

Organization: \_\_\_\_\_

Location of Proposed Fundraiser: \_\_\_\_\_

If the event is at a school, please request facility space on ML Schedules.

Fundraiser/Food Incentive: \_\_\_\_\_

Only edible items awarded between midnight and 30 minutes after the final bell need to meet nutritional guidelines.

If serving food or beverage items go to the following link: <http://www.azed.gov/health-nutrition/the-arizona-nutrition-standards-and-competitive-foods/>, access the calculator, print the report, also include a copy of the product ingredients label and submit it with this form.

Dollar Goal: \_\_\_\_\_

Intended Use of Funds Raised: \_\_\_\_\_

Will students be participating? Yes / No If Yes, in what capacity? \_\_\_\_\_

If Yes, what percentage of revenue will be allocated to Student Activities? \_\_\_\_\_

Date and Estimated Time Frame: \_\_\_\_\_

Contact Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*District Use Only\*\*\*

Principal Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Original – School

Copy to Organization

Copy to District Office