

ROCKFORD AREA SCHOOLS  
ISD #883

**FUNDRAISING / SOLICITATION APPLICATION**

Date of Request: \_\_\_\_\_ No: \_\_\_\_\_

Name of Activity or Organization: \_\_\_\_\_

Description of Proposed Fund Raising Activity: \_\_\_\_\_

Date(s) of Proposed Fund Raising Activity: **From** \_\_\_\_\_ **to** \_\_\_\_\_

How will the fundraising be conducted?

- Orders will be taken – no goods sold unless pre-ordered
- Goods will be sold door to door
- Goods will be sold in school
- Group will provide service (i.e. car wash)
- Group will provide labor and earn “wages”
- Other (describe) \_\_\_\_\_

What is the anticipated net profit?

Anticipated Gross Income (Sales)                      \$ \_\_\_\_\_  
Anticipated Expenses (Costs)                            \$ \_\_\_\_\_  
Anticipated Profit    \$ \_\_\_\_\_

How will the proceeds be used? \_\_\_\_\_

How many other fundraisers has your organization/activity already had this year? \_\_\_\_\_

I, \_\_\_\_\_ (advisor) acknowledge that the *Manual for Activity Fund Accounting* has been made available for my review and recognize my responsibility for assuring proper procedures are followed. I also acknowledge that I will be held accountable for any deficit balance that may occur in the above named activity account. Proper procedures include documented receipts and purchase orders and payment request forms with documentation.

**Submitted by:**

\_\_\_\_\_  
**Advisor/Coach**

Approved by:

\_\_\_\_\_  
**Activities Director/or  
Building Principal**

\_\_\_\_\_  
**Business Manager**

\_\_\_\_\_  
**Superintendent**

Date \_\_\_\_\_

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

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

**\*The activities director will be the first approval for all activities under the activity director’s direction. The building principal will be the first approval if it is a building specific organization, under the principal’s direction.**