

Northwest Independent School District
BOOSTER CLUBS PTAs & SCHOOL SUPPORT ORGANIZATIONS
FUNDRAISING APPLICATION

Name of organization: _____

Campus supported: _____

Type of event, activity, product sale or service:

Date beginning: _____ Date ending: _____

Location of event, activity, product sale or service: _____

Specific purpose(s) for which the net proceeds are to be used:

Vendor (if applicable): _____

Vendor contact name: _____ Phone: _____

Event coordinator: _____ Phone: _____

District contact name: _____ Phone: _____

I request permission to conduct a fundraising activity. I will be responsible for the accountability of all monies collected and I will follow the organization's bylaws and NISD guidelines.

Coordinator's signature

Date

Principal/Designee's signature

Date