

**Barbers Hill Independent School District
 Booster Fundraising Permission Request**

School Year: _____ Semester: 1 or 2 Fundraiser Request # _____

Organization: _____ Campus _____

Permission is requested to conduct the following money-raising activity: _____

Description of fundraiser and/or items to be sold: _____

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

Begin Date: _____
MM/DD/YY

End Date: _____
MM/DD/YY

On Campus yes no

Off Campus yes no

Location: _____
(example: gym, cafeteria, lecture hall)

Time of day (if applicable): _____

Facilities must be reserved through designated campus personnel. Be sure to request necessary custodial services, door access and HVAC. You may be charged for personnel cost with facility usage. *No one is authorized to sub-let District facilities.* Sponsor/Coach must remain present during the event.

I have requested permission to conduct a money raising activity, and I will be responsible for the accountability of all monies collected. Permission must be received from the District prior to conducting the activity.

 Booster Requestor's Signature Date

 Sponsor/Coach Signature Date

 Booster Rep Name (PLEASE PRINT) Date

 Sponsor/Coach Name (PLEASE PRINT) Date

 Booster Rep Phone #

 Principal (or Designee) Signature Date

If Athletic Booster fundraiser, must have both Coordinator and A.D. approval.

 Booster Rep email address

 Campus Athletic Coordinator Signature Date

 Athletic Director (or Designee) Signature Date

APPROVED

DISAPPROVED

 Assistant Superintendent of Finance (or Designee) Date

_____ FUNDRAISER #