

CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT  
REQUEST FOR FUND RAISING ACTIVITY

3260F

**TO BE USED BY BOOSTER CLUBS, PTOS AND ROBOTICS**

(FOR EXTRA-CURRICULAR FUNDRAISING ACTIVITIES, PLEASE USE FORM 7450F)

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

Form submitted by: \_\_\_\_\_ Phone # \_\_\_\_\_

Contact Person (if different from above) \_\_\_\_\_ Phone # \_\_\_\_\_

**PLEASE NOTE: ALL SIGNATURES FOR APPROVAL ARE REQUIRED BEFORE FUNDRAISING CAN BEGIN.**

Fundraiser ON district property **(MUST COMPLETE EXTERNAL FACILITY USE REQUEST FORM 3280F)**

Fundraiser OFF district property Location: \_\_\_\_\_

Booster Club /PTO \_\_\_\_\_ President/Designee \_\_\_\_\_

Team, School or Bldg. \_\_\_\_\_ Current Cash Balance \_\_\_\_\_

Onsite Responsible Individual (if applicable): \_\_\_\_\_ Phone# \_\_\_\_\_

Is the head of the activity/sport aware that a request for a fundraising activity is being filed? \_\_\_\_\_

Type of fundraiser: \_\_\_\_\_

Fundraiser Dates: Begin \_\_\_\_\_ End \_\_\_\_\_

Purpose of Fundraiser/How will funds be spent : \_\_\_\_\_

*(Fundraisers that benefit a family or an individual are not tax deductible)*

Estimated costs of items to be used for above fundraiser, if any: \_\_\_\_\_

Signatures (Required)

**President/Designee:** \_\_\_\_\_ Date \_\_\_\_\_

Approved  Denied \_\_\_\_\_

**Principal/Director:** \_\_\_\_\_ Date \_\_\_\_\_

Approved  Denied \_\_\_\_\_

**When this box is checked, NYS sales tax will be subtracted from team account for this fundraiser. Please plan accordingly.**

**Superintendent/Designee:** \_\_\_\_\_ Date \_\_\_\_\_

Approved  Denied \_\_\_\_\_