CANON-McMILLAN SCHOOL DISTRICT ANNUAL INFORMATION SHEET

Student Organization/Athletic Booster/ Parent Organization Fundraising Application

(To be completed yearly)

Date S	Sub	bm	nitted:			School Year	:					
Name	of	. Si	tudent/Booster/Parent Organization (d	circle one):								
Facul	ty S	Sp	oonsor's Name (student groups only):									
Office	ers:	;										
Presid	len	ıt:		_ (Grade:	_)	Telephone:						
Vice F	Pres	sic	dent:	_(Grade:	_)	Telephone:						
Treas	ure	er:	:	_(Grade:	_)	Telephone:						
Secret	Secretary:			_(Grade:	_)	Telephone:						
Other	·Of	ffi	icers:									
I.			INFORMATION SECTION									
	1.	. [Mandatory copy of Bylaws/Constitution	on submitted?			Yes	No				
			indicatory copy or bylaws, constitution				2. Name, Address, and Account Number of Depository: (not applicable to student organiza					
					ot ap	onlicable to stud	lent orga	anizations)				
					ot ap	oplicable to stud	lent orgo	anizations)				
			Name, Address, and Account Number	of Depository: (n	ot ap	oplicable to stud	lent orgo	anizations)				
			Name, Address, and Account Number	of Depository: (n	ıot ap	oplicable to stud	lent orgo	anizations)				
			Name, Address, and Account Number	of Depository: (n	ot ap	oplicable to stud	lent orgo	anizations)				
п.	2.	. r	Name, Address, and Account Number	of Depository: (n	ot ap	oplicable to stud	lent orgo	anizations)				
Π.	2.	PRO	Name, Address, and Account Number Account Number:	OUTLINE		•	O The state of the	anizations)				
п.	2. Pl 1.	2. N PR(Name, Address, and Account Number Account Number: OPOSED FUNDRAISING BUDGET Estimated number of students (Athle	OUTLINE etes) being service	ed: _							
п.	2. Pl	2. N PR(Name, Address, and Account Number Account Number: OPOSED FUNDRAISING BUDGET	OUTLINE etes) being service	ed: _							
П.	2. PI 1. 2.	?. N PR(Name, Address, and Account Number Account Number: OPOSED FUNDRAISING BUDGET Estimated number of students (Athle	OUTLINE etes) being service	ed: _							
п.	2. PI 1. 2.	PRO	Name, Address, and Account Number Account Number: OPOSED FUNDRAISING BUDGET Estimated number of students (Athle Projected number of Fundraising Pro	OUTLINE etes) being service	ed: _	d during the y	 ear:					
п.	2. PI 1. 2.	PRO	Name, Address, and Account Number Account Number: OPOSED FUNDRAISING BUDGET Estimated number of students (Athle Projected number of Fundraising Proviewed by: (please check one and sign)	OUTLINE etes) being service ojects to be condu	ed: _	d during the y	 ear:					

3. Proposed Fundraising Projects:

Name of Project	Intended Use	Targeted Profit Amount	Specific Project Start Date	Specific Project End Date
1.				
2.				
3.				
4.				
5.				
6.				

4. Estimated total cost for all projects:5. Total budget needs for projects, banquets and of		er)
Signature of Organization President	Date	
Mandatory Copy of Budget attached?	Yes No	
Mandatory Year End Revenue Detail received? OFFICE USE ONLY		
Reviewed by Principal(s):		Date:
Reviewed by Director of Activities and Athletics:		Date:
Approved for the School Year		
Not Approved for the School Year		
Superintendent or Designee	 Date	<u>-</u>
Approved by Board of Education Date		Revised 04/11