Thompson School District R2-J
Activity Project/Fund Raising Approval Form

Please complete all of the information requested below which applies to your request and return to your Athletics/Activities Office for review and possible approval.

All fund raising activities, including those of parent and other community organizations, which involve students in community campaigns or door-to-door sales, must be approved by the District Athletics/Activities office. Requests for these Board approved fund raisers should be filed with the District Athletics/Activities office no later than 45 days prior to the proposed activity. Other projects may be approved by the Building Administration only.

Club/Sport/Class/Org. ____________________________ School ____________________________

Sponsor's Signature ____________________________ Sponsor Name ____________________________ Please Print Name

Revenue Goal $ ____________________________

Project Objectives/Revenue Use (List items to be purchased and rationale) ____________________________

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(Any flyers distributed to other schools in the Thompson School District need to be sent to the Communication and Community Resource Department for approval) (Attach completed Application for Acceptance of Gift When Applicable)

Description of Project:
1. Product(s), Service or Other Activity ____________________________
2. Inclusive dates & times of project: ____________________________
3. Cost Per Product(s) ____________________________ Sale Price ____________________________
2. Describe how, where sales or service will be conducted? ____________________________

____________________________________________________________________________________

____________________________________________________________________________________

Vendor Information: Company/Sales Rep. ____________________________
Address ____________________________ Phone ____________________________

Attach copies of any contract or agreements with this form that require TSD signature by the vendor or hosting party.

Other Information Needed (in building): Chaperons
1. Facilities ____________________________ ____________________________
2. Custodial Needs ____________________________ ____________________________
3. Police Needed? ____________________________ ____________________________
4. Student Council (when appropriate) ____________________________ ____________________________

Building Athletics/Activities Director Approval ____________________________ Date ____________________________
District Athletics/Activities office Approval ____________________________ Date ____________________________