

District Support Organization (DSO) Fundraising Project Approval Form Request and/or FlyerBoard Distribution of Information via the Bowling Green City School District

DSO # _____
For Treasurer's Use Only



Name of Organization: _____

Department, if applicable: _____

Address _____

City State Zip _____

Name of Contact Person _____

Telephone Number _____ E-Mail Address _____

Name or Title of the Event: _____

Date(s) of the Event: _____

____ A copy of the information/brochure/material(s) must be attached to this request form prior to approval.

If the Superintendent of Schools approves this request for distribution, the default method of distribution will be via the BGCS FlyerBoard. There will be a weekly reminder to parents by email that the FlyerBoard is updated with new events. A clean copy of the information — to be scanned by BGCS staff or emailed to flyerboard@bgcs.k12.oh.us — must be submitted, at least 10 days prior to the event. FlyerBoard events will be posted when approved by the superintendent and will remain posted until the conclusion of the event. FlyerBoard notification will go to all parents unless alternate instructions are provided in Additional Comments and approved by the superintendent. Please plan accordingly.

Intended Distribution, if applicable (for inclusion in the weekly email and on the FlyerBoard):

Additional Comments: _____

Is this is a FUNDRAISER run by BG City School staff/students/affiliated organizations (such as booster organization, support group, etc.) OR a FUNDRAISER to benefit BG City School students/affiliated organizations?

(circle one) YES NO

If YES, purpose of the project/event? _____

Approved by: _____ Date _____
Building Principal Athletic Director, if applicable

Superintendent Signature _____ Date _____

Date Received at Administrative Offices _____

Permission Status GRANTED DENIED

COMPLETE THIS SIDE AT CONCLUSION OF PROJECT/EVENT

Sales/Admissions

Item Description	(1) Quantity Sold	(2) Unit Price	(1) X (2) Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(A) TOTAL _____

Deposited with Cashier

Cashier's Receipt No.	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(B) TOTAL DEPOSITS _____

Difference (A) – (B) _____

Explain difference if not \$0 (zero)

Purchases/Costs for Services

Item Description	(1) Quantity Purchased	(2) Unit Price	(1) X (2) Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(C) TOTAL PAID _____

NET PROFIT (A) – (C) _____

Sponsor Signature

Date
