

Dana Sanders  
Superintendent



Wilson Holland  
Director of Athletics  
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### Fundraiser Request

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

Organization: \_\_\_\_\_ Head Coach: \_\_\_\_\_

Booster Club President: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Start Date of Fundraiser: \_\_\_\_\_ End Date of Fundraiser: \_\_\_\_\_ Times: \_\_\_\_\_

Location of Fundraiser: \_\_\_\_\_

Please check one:  Booster Club Fundraiser  Program Fundraiser (Activity Account)  
*Describe the fundraising activity and purpose (what will funds be used for?):*

Large empty rectangular box for describing the fundraising activity and purpose.

All fundraisers must be approved one week (7 days) prior to fundraising event. You must have a copy of this form signed and approved by the AD in your possession during fundraiser.

\_\_\_\_\_  
**Signature Booster Club President**

\_\_\_\_\_  
**Signature Head Coach**

\_\_\_\_\_  
**Signature Principal (if fundraiser will be on a school site)**

<b>Official Use Only:</b>	
<input type="radio"/> <b>Approved</b>	<input type="radio"/> <b>Not Approved</b>
_____	
<b>Athletic Directors Signature</b>	<b>Date</b>

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