Silsbee Independent School District
Booster Fundraising Permission Request

School Year: _____ **Semester: 1 or 2** **Fundraiser Request #**_____

Organization: _____ Campus _____

Permission is requested to conduct the following money-raising activity: _____

Description of fundraiser and/or items to be sold: _____

Specific purpose(s) for which the net proceeds are to be used: _____

Begin Date: ___/___/___ (MM/DD/YY) End Date: ___/___/___ (MM/DD/YY)

On Campus yes no Off Campus yes no

Location: _____
(example: gym, cafeteria, lecture hall)

Time of day (if applicable): _____

Facilities must be reserved through designated campus personnel. Be sure to request necessary custodial services, door access and HVAC. You may be charged for personnel cost with facility usage. *No one is authorized to sub-let District facilities.* Sponsor/Coach must remain present during the event.

I have requested permission to conduct a money raising activity, and I will be responsible for the accountability of all monies collected. Permission must be received from the District prior to conducting the activity.

_____ ___/___/___
Booster/PTO Requestor's Signature Date

_____ ___/___/___
Sponsor/Coach Signature Date

_____ ___/___/___
Booster/PTO Rep Name (PLEASE PRINT) Date

_____ ___/___/___
Sponsor/Coach Name (PLEASE PRINT) Date

_____ ___/___/___
Booster/PTO Rep Phone # Principal (or Designee) Signature Date

If Athletic Booster fundraiser, must have both Coordinator and A.D. approval.

_____
Booster/PTO Rep email address

_____ ___/___/___
Campus Athletic Coordinator Signature Date

_____ ___/___/___
Athletic Director (or Designee) Signature Date

☐ APPROVED

☐ DISAPPROVED

_____ FUNDRAISER #