

# West Irondequoit Central School District

## REQUEST FOR FUNDRAISING

**Part A:** To be completed by requestor

**Name of Group Fundraising:** \_\_\_\_\_

**Name of Group Contact:** \_\_\_\_\_

**Phone Number of Group Contact:** \_\_\_\_\_

**Email Address of Group Contact:** \_\_\_\_\_

Choice 1

**Fundraising Dates** From: \_\_\_\_\_ To: \_\_\_\_\_

Choice 2

**Fundraising Dates** From: \_\_\_\_\_ To: \_\_\_\_\_

**Items to be Sold and/or Services Rendered** – Provide a detailed description of the fundraiser and if applicable attach other pertinent information such as a flyer, catalog advertisement, etc. Attach additional sheets if necessary.

**General Use of Funds Raised** – Provide a description of how funds will be used.

*Return this form to the building principal for building requests, Athletic Director for Athletic requests, or the Superintendent for district level requests.*

**Part B:** To be completed by Approvers/Reviewers

*Approver, prior to approving please reference BOE policies # 3271, #3273, and #7450*

**Endorsed by** (Advisor/Coach): \_\_\_\_\_

**Signature** (Principal at building level, Athletic Director for athletics, or Superintendent for district level): \_\_\_\_\_

**Approved**    **Not Approved**   **Rationale:** \_\_\_\_\_