



PETAL SCHOOL DISTRICT REQUEST FOR FUNDRAISING PROJECTS

SCHOOL: _____

GROUP: _____

SPONSOR(S): _____

DATE SUBMITTED: _____

LENGTH OF CAMPAIGN: (BEGIN) _____ (END) _____

IF EVENT, NAME & DATE OF THE EVENT _____

LOCATION OF EVENT _____

COMPANY: _____

TYPE OF ITEM TO BE SOLD OR TYPE OF ACTIVITY:

Funds raised will be deposited in: District Activity Booster Club

For Fundraising activities on RESALE items, complete one of the following statements:

____ Company's Mississippi Tax Registration Number # _____
OR

____ Verification statement from sponsoring company that invoicing to the club/organization for this fundraiser activity will include charges for Mississippi Sales Tax.

**SIGNATURE OF SCHOOL DISTRICT GROUP
DIRECTOR, COACH, SPONSOR, ETC.**

Date

APPROVAL BY SCHOOL PRINCIPAL

Date

APPROVAL BY SUPERINTENDENT

() APPROVED

() NOT APPROVED

REASON:

Superintendent's Signature

Date