

Wylie ISD

External Group Fundraiser or Activity Form

Booster Club

PTA

School Club/Organization: _____

Name of Coordinator: _____

Coordinator's Daytime Phone: _____

Coordinator's Evening Phone: _____

Type of Fundraiser/Activity: _____

Date(s) of Fundraiser/Activity: _____ Please check box if taxable

Location of Event: _____

Will WISD facilities be used? _____ If so, specify: _____

Purpose of Event: _____

Coordinator's Signature: _____ Date: _____

Campus Secretary Signature: _____ Date: _____

Campus Principal Signature: _____ Date: _____

Finance Approval Signature: _____ Date: _____