

Bristol Warren Regional School District
Fundraising Group Form

Please complete all sections of the form below and return to the Building Principal.

Fundraising Group Name: _____ Date: _____

Name(s) and Contact Information of Group Leader(s):

Name	Role	Phone	Email

1. Please attach group charter, bylaws, or guidelines if available.
2. Are you a registered 501(c)(3) entity that has filed Form 1023? Yes No
3. Do you carry your own liability insurance coverage? Yes No (If yes, please include a copy.)
4. Who are the primary participants of your group? ____ Parents, ____ School Staff, ____ Community Volunteers, ____ Students
5. How often does your group typically meet? _____
6. What is the main purpose of your group? (Skip if you have attached charter, bylaws, etc.)

7. What types of fundraising activities will your group engage in? Please be as specific as possible.

8. Schools and/or programs that your group will be raising funds for?

Group Representative:

Printed Name

Signature

Date

Principal:

Required for non-501c3 groups
___ Approved ___ Denied

Signature

Date

Comments:

Superintendent:

Required for non-501c3 groups
___ Approved ___ Denied

Signature

Date

Comments: