

**Barbers Hill Independent School District
Booster Club 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.
The fundraising project cannot be implemented until the booster club representative receives the final approval from the District Finance Office.

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 Requestor's Signature Date Sponsor/Coach Signature Date

Requestor's Name (PLEASE PRINT) Sponsor/Coach Name (PLEASE PRINT)

Requestor's Phone # Principal (or Designee) Signature Date

Requestor's Email Address Campus Athletic Coordinator Signature, if applicable Date

Requestor's Preferred Method of Communication:
 _____ Email _____ Phone Athletics/Fine Arts Director (or Designee) Signature Date

For Business Office Use:

APPROVED

NOT APPROVED

_____ FUNDRAISER #

Assistant Superintendent of Finance (or Designee) Date

Date Notified of Decision: _____ Email Call

By: _____