



Boerne ISD Booster Club & PTO Fundraiser Application & Authorization

Campus: _____ Organization Name: _____

Fundraiser Information:

A. What type of merchandise or service will be sold or provided?

B. How will the merchandise or service be sold or provided (e.g., catalog sales, individual sales to students on campus, prepaid orders, etc.)?

C. Vendor Information

Vendor Name: _____

Vendor Representative: _____

Phone Number: _____

Full Address: _____

D. Fundraiser will be conducted from _____ to _____.

E. Funds generated will be used for

Officer's First & Last Name (Please print): _____

Officer's Title: _____

Officer's Signature: _____ Date: _____

BISD Sponsor Signature: _____ Date: _____

Authorization: Approved Disapproved

Principal's Signature: _____ Date: _____