

APPLICATION FOR ACTIVITY FUNDRAISER

Please Send Completed Form to the Asst. Supt. for Business Services

Club or organization: _____

Name of sponsor(s): _____

Date(s) of fundraiser: _____

Vendor Name: _____

Describe Fundraiser: _____

Describe how the profits will be used: _____

REMEMBER THAT SALES TAX ON ANY ITEM THAT IS NOT A FOOD ITEM MUST BE PAID AT THE END OF EACH QUARTER. PLEASE CONTACT THE DIRECTOR OF BUSINESS, IF YOU HAVE ANY QUESTIONS PERTAINING TO POSSIBLE SALES TAX COLLECTIONS.

Sponsor's signature: _____ Date _____

Principal's approval: _____ Date _____

Asst. Supt. for Business Service's approval: _____ Date _____

THIS FORM MUST BE APPROVED PRIOR TO ANY FUNDRAISING ACTIVITY.