



Coleman ISD

Fundraiser Authorization

Fundraiser Title: _____

Sponsor: _____ **Club:** _____ **Campus:** _____

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

2. Will food be sold that will be consumed at school during school hours? Yes No
7:00 am to 4:00 pm

3. If yes, does it meet the USDA nutritional standards? Yes No
provided by café supervisor, attach to form

4. How will the merchandise/service be sold or provided? *Catalog sales, prepaid orders, individual sales, etc.*

5. Vendor Information

Vendor Name: _____ Vendor Address: _____

Vendor Rep: _____ Vendor Phone: _____

6. Will the merchandise/service be sold to district staff/students? Yes No

7. Will students solicit sales from community members? Yes No

8. What will the funds generated be used for? _____

9. Fundraiser Start date: _____ Fundraiser End date: _____

10. Single day mass group solicitation date: _____

Sponsor Certification:

I hereby certify that a profit/loss statement will be completed and submitted to the campus principal within 30 days after the termination of the fundraising activity. In addition, I certify that all monies collected will be deposited to the campus secretary/bookkeeper in accordance with the district's cash handling procedures.

Sponsor's Signature: _____ Date: _____

To be completed by Supervisor

Approved _____
Not Approved _____

Supervisor Signature: _____

Date of Approval _____

Superintendent Signature: _____