Petal School District Request for Fundraising Projects

School: _____

Group: _____

Sponsor(s):_____

Date Submitted: _____

Length of Campaign: (Begin) _____ (End) _____

If Event, Name & Date of Event:_____

Location of Event: _____

Company: _____

Type of item to be sold or type of activity:

Funds raised will be deposited in: __ District __ Activity __ Booster Club __ Petal Ed Foundation

For Fundraising activities on RESALE items, complete one of the following statements:

___ Company's Mississippi Tax Registration Number #_____

OR

____ Verification statement from sponsoring company that invoicing to the club/organization for this fundraiser activity will include charges for MS Sales Tax.

_____ _____

Signature of Group Director, Coach, Sponsor, Etc. **Date**

_____ _____

Approval by School Principal **Date**

Approval by Superintendent

(__) Approved

(__) Not approved

Reason:

_____ _____

Superintendent's Signature **Date**

Revised 07/15/25