



## METROPOLITAN SCHOOL DISTRICT OF PIKE TOWNSHIP

### Fundraiser Request

6901 Zionsville Road, Indianapolis, IN 46268

Phone: 317-387-2206

Date: \_\_\_\_\_ School: \_\_\_\_\_ Organization: \_\_\_\_\_

Name of Fundraiser: \_\_\_\_\_ Is this a new event? \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Location: \_\_\_\_\_

Will this fundraiser will take place during the school day. Yes No

This fundraiser will benefit: (check one)

All students within this school

Athletic Team/Extracurricular Organization: \_\_\_\_\_

Class/Co-curricular Organization: \_\_\_\_\_

Charity: \_\_\_\_\_

Other: \_\_\_\_\_

How will the funds be used? \_\_\_\_\_

How will fundraising information be communicated and distributed to students, parents, staff & community?

Description of the fundraiser event/activity: \_\_\_\_\_

If product(s) are sold, provide the name of the vendor(s): \_\_\_\_\_

Who will be responsible for selling/collecting funds? (Check all that apply)

Students – May not participate in door-to-door solicitation

Parents

Teachers

Coaches/Sponsors

Crowdfunding website: \_\_\_\_\_

Other: \_\_\_\_\_

Where will the funds be deposited? \_\_\_\_\_

As the sponsor, I certify that I have read policy 5830 "Student Fund-Raising" and 6605 "Crowdfunding". I agree to adhere to Pike procedures, policies, and guidelines as it pertains to wellness and student nutrition, money collection, and purchasing. In addition, the following documentation has been provided:

- ✓ Estimated Fundraiser Profit/Loss Statement
  - ✓ Copies of all pamphlets, order forms, flyers, emails, crowdfunding description, phone script, or other applicable material
  - ✓ If food or beverages will be sold to students, a scan of the nutrition label
- Approval of food or beverage sales during the school day will require compliance with the USDA's Smart Snacks guidelines (<https://foodplanner.healthiergeneration.org/calculator/>). Schools may hold one (1) non-compliant event per semester.

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Assist. CFO/CFO: \_\_\_\_\_ Date: \_\_\_\_\_

Supt. Signature: \_\_\_\_\_ Date: \_\_\_\_\_