

Susan D. Chavez
Superintendent

Sandra Traczyk
Chief Financial Officer



William Hays
Athletic Director
whays@llschools.net

Fundraiser Request Form

School: _____ **Date:** _____

Organization: _____ **Head Coach:** _____

Booster Club President: _____ **Contact Number:** _____

Start Date of Fundraiser: _____ **End Date of Fundraiser:** _____ **Times:** _____

Location of Fundraiser: _____

Please check one: ☐ **Booster Club Fundraiser** ☐ **Program Fundraiser (Activity Account)**

Describe the fundraising activity and purpose (what will funds be used for?):

All fundraisers must be approved one week (7 days) prior to fundraising event. You must have a copy of this form signed and approved by the Athletic Director in possession during fundraiser.

Signature of Booster Club

President: _____

Signature of Head

Coach: _____

Signature of Principal (if fundraiser is on school

site: _____

Official Use Only:

_____ **Approved**

_____ **Not Approved**

Athletic Director's Signature: _____