PORT CHESTER PUBLIC SCHOOLS

BOOSTER CLUB AUTHORIZATION

The _____Sponsored by the _____ club
(Event Name) (Name of Organization)

To be held _____ to _____
(Start Date) (End Date)

Description of Fundraiser (Check all that apply): Event( ) Donations( ) Solicitation( ) Sale( ) Game of Chance( ) Sponsorship( )

Further Detail (If needed): _____

Purpose of the fundraiser _____
(Specify what the booster club will use the money raised for)

Fundraiser Event Coordinator Contact (Name):_____

Fundraiser Event Coordinator Phone #: _____ Fundraiser Event Coordinator email:_____

This event will be authorized by the below dignitaries with the understanding that all booster club fundraising efforts follow the rules and guidelines of the Port Chester Rye Union Free School District Board of Education Policy #1222 which can be found here: BOE Policy# 1222 As well as New York State Education Department Regents Rule 19.6 which states, no student solicitation may occur during the school day. NYSED Regents Rule 19.6

A positive activity for Students and therefore is endorsed and approved by the undersigned:

Coach:_____ Date Received_____ Date Signed_____

Approved: _____ Not Approved:_____

Club Advisor:_____ Date Received_____ Date Signed_____

Approved: _____ Not Approved:_____

Athletic Director:_____ Date Received_____ Date Signed_____

Approved: _____ Not Approved:_____

Supervisor of Fine & Performing Arts:_____Date Received_____ Date Signed_____

Approved: _____ Not Approved:_____

Principal:_____ Date Received_____ Date Signed_____

Approved: _____ Not Approved:_____

Superintendent:_____ Date Received_____ Date Signed_____

Approved: _____ Not Approved:_____

SUCCESS FOR EVERY STUDENT