MOSS POINT SCHOOL DISTRICT

PTA/Booster Fundraising Permission Request

Organization:_____ Campus _____

Permission is requested to conduct the following money-raising activity: _____

_____

_____

Is this a MPSD support group (PTA/Booster) ☐ yes ☐ no

event? Is any third party vendor/business ☐ yes ☐ no

involved? *(Example: Dance studios, sport clubs, restaurants, online stores)*

If yes, name of vendor: _____

Description of fundraiser and/or items to be sold: _____

_____

_____

Specific purpose(s) for which the net proceeds are to be used: _____

_____

_____

_____

Begin Date: ____/____/____ MM/DD/YY End Date: ____/____/____ MM/DD/YY

On Campus ☐ yes ☐ no Off Campus ☐ yes ☐ no

Location: _____

(example: gym, cafeteria, lecture hall)

Time of day (if applicable): _____

Facilities must be reserved through designated campus personnel. Be sure to request necessary custodial services, door access and HVAC. You may be charged for personnel costs associated with facility usage.
No one (employees/PTA/boosters) is authorized to sub-let or reserve District facilities for outside organizations.
Sponsor/Coach must remain present during the event.
Please initial that you have read and will comply with these statements. _____

I have requested permission to conduct a money-raising activity, and I will be responsible for the accountability of all monies collected. Permission must be received from the District prior to conducting the activity.
Please initial that you have accepted this responsibility. _____

_____ ____/____/____
Booster/PTA Requestor's Signature Date

_____ ____/____/____
Principal (or Designee) Signature Date

_____
Booster/PTA Rep Name Printed Name

_____
Principal (or Designee) Printed Name

_____
Booster/PTA Rep Phone #

If Athletic Booster fundraiser, must have both Superintendent and A.D. approval.

_____
Booster/PTA Rep email address

_____ ____/____/____
Athletic Director Signature Date

_____ ____/____/____
Sponsor/Coach Signature Date

_____
Sponsor/Coach Name Printed Name

_____ ____/____/____
Superintendent of Education Signature Date

☐ APPROVED

☐ DISAPPROVED

_____ FUNDRAISER#

_____ ____/____/____
Chief Financial Officer (or Designee) Date