LAKE DALLAS
INDEPENDENT SCHOOL DISTRICT

Request For Booster Club Fundraiser Approval

(**All** fundraisers must be approved in advance.)

Campus: _____

Group/Organization making request: _____

Fundraiser description: _____

_____

Intended use of funds: _____

_____

Vendor / Company providing products

Name: _____

Address: _____

_____

Phone: _____

Date fundraiser will begin: _____

Date fundraiser will end: _____

Date products should be delivered: _____

Will students be involved in fundraising efforts?: _____
Yes/No

I hereby request permission to conduct a money raising activity, and I will be responsible for the proper conduct of that activity in accordance with LDISD Board Policy and Booster Club Guidelines.

_____ _____
Booster Club Officer's Signature Date

_____ _____
Principal's Signature of Approval Date