



Form - Agua Dulce Independent School District Authorization to Conduct a Fundraiser

Campus: _____

Club: _____

Taxable Fundraiser: Yes _____

No _____

Fund Raiser Title: _____

What type of merchandise or service will be sold or provided?

A. Will food be sold that will be consumed during school hours (**midnight to 30 minutes after the end of the school day**)? Yes _____ No _____

B. If so, does the food item(s) meet the USDA nutrition standards Yes _____ No _____

(Please attach a copy of the Smart Snacks Product Calculator Results Fact Label from the food item(s) for audit purposes.)

C. How will the merchandise or service be sold or provided (e.g. catalog sales, individual sales to students on campus, prepaid orders, etc.)?

D. Vendor _____ Representative _____
Address _____ Phone _____

E. Fund raiser will be conducted from _____ to _____
(Month/Year) (Month/Year)

F. Funds generated will be used for _____

Projected Sales and Expenses:

Total Projected Sales	\$ _____
Total Projected Expenses	\$ _____
Projected Net Profit	\$ _____

Sponsor Certification:

I hereby certify that a profit/loss statement will be completed and submitted to the campus principal within 30 days after the termination of the fund raising activity. In addition, I certify that all monies collected will be deposited to the campus secretary/bookkeeper in accordance with the district's cash handling procedures.

Sponsor's Signature: _____ Date: _____

Authorization:

Approved _____

Disapproved _____

Principal's Signature: _____

Date: _____