MOSS POINT SCHOOL DISTRICT

Fundraising Permission Request

Organization:_____ Campus _____

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

Is this a MPSD support group event? ☐ yes ☐ no

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

(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. _____

_____ ___/___/___

Organization Requestor's Signature Date

_____ ___/___/___

Principal (or Designee) Signature Date

_____

Organization Rep Name Printed Name

_____

Athletic Director's Signature

_____

Rep Phone #

_____

Rep email address

_____ ___/___/___

Superintendent's Signature Date

_____ ___/___/___

Sponsor/Coach Signature Date

_____

Sponsor/Coach Name Printed Name

_____ ___/___/___

Board Approved Date

Post Fundraiser Report

Total Amount Spent: _____ Total Amount Collected: _____ Total Amount of Profit/Loss: _____

_____

Contact Person Signature/Date:

_____ ___/___/___

Business Office Signature Date