



Los Alamitos Unified School District

Parent Organization/Booster Club 2026-2027 Application for Fundraising Activity

Booster Club Name/Parent Organization: _____ Date: _____

School Site: _____

Name of Fundraiser: _____

Date(s) of Fundraiser: _____

Type of Sales (Check all the apply):

☐ On Campus Sales ☐ Off Campus Sales

Fundraiser Type (Check all that apply):

Merchandise/Goods ☐ Auction Event Ticket ☐ Tournament/Meet ☐ Restaurant Night

Other (Specify) _____

Event (Day/Time) if Applicable: _____ Location: _____

Items to be Sold: _____

BOOSTER CLUB/PARENT ORGANIZATION

Signature: _____ Date: _____

Printed Name: _____ Booster Office Held: President

SCHOOL SITE/DISTRICT OFFICE

Site Administrator Signature: _____ Date: _____

Business Services Signature: _____ Date: _____