

Booster Club & School Support Organization
Fund Raising Application

Name of organization: _____

Campus Name: _____

Type of event, activity, product sale or service:

Date beginning: _____ Date ending: _____

Location of event, activity, product sale or service: _____

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

Vendor Name: _____

Vendor Contact Name: _____

Approved SISD Vendor: Yes No

Address: _____ Phone: _____

The _____ (Name of Organization) requests permission to conduct a money raising activity. The organization will be responsible for the accountability of all monies collected and the organization will follow the organization's bylaws and SISD Guidelines.

Organization President Date Approved by Principal Date

Faculty Sponsor/Director Date Denied by Principal Date