

Jarrell ISD

Fundraising Request Form

Please check one:

- ☐ School sponsored group (athletic group, any student organization or club)
☐ Parent sponsored group (PTO, booster club or Project Graduation)

Is this a tax-free fundraiser? YES NO If yes, first _____ second _____

Organization holding fundraiser: _____

Event chairman: _____ Campus: _____
Print Name

Chairman's address: _____
Street Address, City, State and Zip Code

Telephone: _____ E-mail address: _____

Signature of Event Chairman Date

FUNDRAISING PROJECT: _____

Beginning date of fundraiser: _____ Ending date of fundraiser: _____

Profit will be used to purchase: _____

Projected profit: _____

Name of company supplying merchandise or services: _____

Company address: _____
Street Address, City, State and Zip Code

Company telephone: _____ Extension: _____

CAMPUS LEVEL: ☐ Approved ☐ Denied

Signature of District Principal/Director Date

Complete this section if the fundraiser involves food/drink sales or distribution.

What items will be sold: _____

Will the food/drink item(s) be sold for consumption on campus? ☐ Yes ☐ No

If the food/drink item will be sold on campus, please list the **location, date and time** for the sale.

Location Date Time

CHILD NUTRITION: ☐ Approved ☐ Denied

Signature of District Administrator Date

FUNDRAISERS SOLICITING ONLINE DONATIONS – send form to Alternative Funding

ALTERNATIVE FUNDING: ☐ Approved ☐ Denied

Signature of District Administrator Date

DISTRICT LEVEL: ☐ Approved ☐ Denied

Signature of District Administrator Date

BUSINESS OFFICE USE ONLY:

Fundraiser ID#

Profit report due: