**Farwell Independent School District**

**Authorization to Conduct a Fund Raiser Form**

**General Information:**

Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fund Raiser Information:**

Fund Raiser Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What type of merchandise or service will be sold or provided? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How will the merchandise or service be sold or provided (e.g. catalog sales, individual sales to students on campus, prepaid orders, etc.)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Vendor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Fund raiser will be conducted from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Month/Year) (Month/Year)

1. 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 in accordance with the district’s cash handling procedures.

**Sponsor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorization:**

**( ) Approved Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**( ) Disapproved Superintendent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**