

APPLICATION FOR PERMISSION TO RAISE FUNDS INVOLVING DISTRICT 272 STUDENTS / STAFF

REMINDER: All fundraising efforts by students must adhere to the Amboy CUSD 272 Wellness Policy

1. NAME OF ORGANIZATION SEEKING PERMISSION

2. TYPE OF ACTIVITY: (CHECK & SPECIFY)

ITEM/SERVICE TO BE SOLD _____

AUCTION _____

CASH SOLICITATION _____

3. DATES OF FUNDRAISER FROM _____ TO _____

4. COST PER ITEM / TICKET \$ _____ EXPECTED PROFIT _____

5. HOW WILL PROFITS BE USED? _____

6. DOES ACTIVITY COMPETE DIRECTLY WITH A LOCAL BUSINESS(ES)?

YES NO (IF NO – SKIP # 7, 8, & 9)

7. IF #6 IS YES, WAS THAT BUSINESS(ES) CONTACTED AND GIVEN AN OPPORTUNITY TO PROVIDE A PROPOSAL? YES NO

8. IF # 7 IS YES, ATTACH A SHEET GIVING THE DATE, PARTIES INVOLVED AND THE RESULTS OF THE CONTACT. IF THE LOCAL BUSINESS PROPOSAL WAS NOT ACCEPTED, PRESENT THE RATIONALE USED FOR REJECTING IT.

9. IF # 7 IS NO, YOU MAY NOT PROCEED WITH THIS APPLICATION

SPONSOR'S PRINTED NAME	DATE	SIGNATURE
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PLEASE NOTE: NO FUND RAISING ACTIVITY MAY BEGIN UNTIL THE APPLICANT RECEIVES SIGNED APPROVAL FROM THE SUPERINTENDENT.

PRINCIPAL'S RECOMMENDATION APPROVE DISAPPROVE

Principal's Signature *Date*

SUPERINTENDENT'S DECISION APPROVE DISAPPROVE

Superintendent's Signature *Date*