

MASON COUNTY SCHOOLS

FUNDRAISING ACTIVITY REQUEST

Contact Information – Complete each line.

1. School _____
2. Activity/Booster Group/Club _____
3. Do proceeds flow through the School's General Fund? _____ Yes _____ No
4. If no, what Board approved Booster Group? _____
5. Contact person _____
Name Daytime Phone No. E-Mail Address

Activity Details – Complete each line, or mark N/A.

6. Name of activity _____
7. Location of activity _____
8. Date(s) of activity _____ 9. Time range _____
10. Detailed description of purpose of fundraising (Attach additional sheets if necessary)

11. Name of any outside business/company involved _____
12. Number of students or grades participating _____
13. Total estimated profit \$ _____ 14. Your organization's % of profit _____

Principal's comments: _____

Principal's approval signature _____
Date

By checking here _____, and signing above, I understand that I shall review, sign and date the Fund Raiser Profit(Loss) statement within 20 days of the event(s). Reference: Page 44 of Accounting Procedures Manual for the Public Schools of the State of WV, Effective Date August 12, 2012.

Treasurer's approval signature _____
Date