

Booster Clubs & School Support Organizations Fundraising Application

Name of organization: _____

Campus supported: _____

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 (if applicable): _____

Vendor contact: _____ Phone: _____

Event coordinator name: _____ Phone: _____

District contact name: _____ Phone: _____

I request permission to conduct a fundraising activity. I will be responsible for the accountability of all monies collected and I will follow the organization's bylaws and Baldwin County Board of Education guidelines.

Coordinator's signature

Date

Principal/Designee's signature

Date

Original: Campus or Department
Copy: Maintained by organization