

**Chickasha Public School District
FUNDRAISING APPROVAL REQUEST FORM**

Name of Organization: _____

School(s) or Student Activities intended to benefit from fundraising activity: _____

Brief description of fundraising activity an date(s) fundraising will occur: _____

Will food be sold as a part of the fundraiser:

Yes

No

Name of adult responsible for fundraising activity (sponsor): _____

Contact information for sponsor: _____

Tel# _____

Email address _____

Anticipated funds to be solicited _____

Anticipated profit from activity _____

Signature of Principal/Athletic Director _____

School Board Approved Date _____

The AD will determine whether the following parent/guardian authorization is required for this fundraiser

Parent/Guardian Authorization

Required

Not Required

I have received information pertaining to the fundraising activity described above. By signing below, I give my permission for my child to participate in the fundraising activity.

Name of Child _____ Name of Parent/Guardian _____

Parent/Guardian Signature:

Home phone _____ Cell phone _____ Work phone _____