

AVON PUBLIC SCHOOLS

REQUEST TO CONDUCT A FUNDRAISING ACTIVITY

This form must be completed and the appropriate approvals must be obtained PRIOR to any activity related to fundraising is initiated. The Principal must approve all fundraising activities. At the high school level, a recommendation is required from the Student Council as well.

Date Submitted: _____

CATEGORY OF FUNDRAISER: (Please check appropriate type of fundraiser)

_____ **TYPE 1** – Conducted entirely within the school environment. (Requires Principal's Approval)

_____ **TYPE 2** – Conducted outside the school environment. (Requires School Committee Approval)

GROUP REQUESTING THE FUNDRAISING ACTIVITY: _____

TYPE OF FUNDRAISING ACTIVITY: (Please provide a thorough description of the proposed activity. Attach additional sheets as may be required).

PROPOSED DATE(S) OF ACTIVITY: (Starting and ending dates may not be changed without the Principal's approval.)

Start Date/Time: _____ End Date/Time: _____

PURPOSE OF ACTIVITY: (Intended use of funds)

DOES THIS ACTIVITY REQUIRE THE SERVICES OF A PROFESSIONAL FUNDRAISER?

_____ YES _____ NO

* If "Yes", provide the individual's name, company, and reason(s) why these services are necessary on the reverse.

RECOMMENDATIONS

Advisor, Department Head, Athletic Director, etc. (High School Only) Date: _____

_____ Recommend _____ Do Not Recommend Advisor: _____

Recommendation of Student Council Date: _____

_____ Recommend _____ Do Not Recommend Advisor: _____

Approval of Principal Date: _____

_____ Approved _____ Not Approved Signature: _____

Approval of Superintendent Date: _____

_____ Approved _____ Not Approved Signature: _____

Approval of School Committee (Required for Activities that take place outside of the Avon Public Schools.) Date: _____

_____ Approved _____ Not Approved Signature: _____

NOTE: If the request is Not Approved by the Principal and/or the Superintendent, reason(s) will be indicated on the reverse.

March 2015