

This form must be completed and submitted to the Treasurer's Office at least 2 weeks prior to any fundraising activity.

For Office Use Only

Date Received

MINGO COUNTY SCHOOLS FUNDRAISING ACTIVITY REQUEST

School _____

Name of Organization _____

Contact Information _____

Name

Daytime Phone Number

Complete information for lines 1-9 or please mark N/A.

1. Name of activity _____
2. Location of activity _____
3. Date(s) of Activity _____ Time of Activity _____
4. Detailed description of purpose of fundraising. _____

5. Name of any outside business/company involved _____
6. Number of students and grades participating _____
7. Your organizations percentage of profit _____
8. If outside business/company, their profit percentage _____
9. If fundraiser includes food, please describe when food will be sold, served or distributed. Include location food will be delivered. Please see note below.
Where will food be sold? _____
Where will food be served? _____
Where will food be delivered? _____

NOTE: Food fundraisers are prohibited, with the exception of fresh fruit and vegetables on school property. All food fundraising activities must receive prior approval by the building principal, county treasurer and school nutrition director. This includes fundraisers during the school day and outside of the school day.

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Principal's Signature: _____ Date: _____

Treasurer's Signature : _____ Date: _____

School Nutrition Director's Signature : _____ Date: _____

If food fundraiser.

_____ Approved

_____ Denied