

EVERGREEN PUBLIC SCHOOLS FUNDRAISING REQUEST FORM

All athletic fundraising plans and projects shall be submitted to the Director of School Services/Athletics and subject to approval as mandated by Board Policy No. 3530.

School: _____

Booster Club: _____

Insurance Policy Number: _____

Tax Identification Number: _____

Financial Institution: _____

Incorporated: _____ YES _____ NO

Fundraising Calendar Submitted: _____ YES _____ NO

Annual Meeting with Building Administrator: _____ YES _____ NO

President: _____

Print Name

President's Address _____

Street

City

State

Zip Code

Telephone: _____ () _____

E-mail Address: _____

Fundraising Project Description: _____

Start Date: _____

Ending Date: _____

School Level: ☐ Approved

☐ Denied

Building Administrator

Date

District Level: ☐ Approved

☐ Denied

Director of School Services/Athletics

Date

ORIGINAL: ASC

COPY: BUILDING

COPY: GROUP