

# Brookings-Harbor School District 17C

Code: **IGDF-AR(2)**  
Revised/Reviewed: 7/06/16; 9/19/17

## Student Fund-Raising Activity Request and Verification

**Please fill out all sections and return to the principal or designee 30 days prior to initiating the fund-raising activity.**

Date: \_\_\_\_\_

Name of individual(s), group(s) or activity(ies) making this fund-raising activity request:	
Reason for the fund raiser (please be specific):	
Description of fund raiser <sup>1</sup> (i.e., what is the product, when will it be sold, where will it be sold, who will it be sold to, etc.):	
Start and end dates for the fund raiser:	Anticipated revenue:

Write down the name(s) of any fund-raising organization(s) outside the district that will be involved per BP IGDF-AR(1)

\_\_\_\_\_

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Signature - Representative of District Club Advisor (if applicable)

Approved – Date: \_\_\_\_\_

Not Approved – Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Principal or Designee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Date

<sup>1</sup>If fund raising consists of selling food and beverage items to students during the regular or extended school day, the food and beverage items must comply with state and federal nutrition standards, rules and laws. This does not apply to food and beverage items sold at school-related or nonschool-related events for which parents and other adults are a significant part of the audience. (ORS 336.423)



**Brookings-Harbor School District**

**Student Fund-Raising Activity Verification Form**

Date: \_\_\_\_\_

To Whom it May Concern:

The Brookings-Harbor School District does hereby authorize:

\_\_\_\_\_  
(Name of Individual or Group Receiving Authorization)

to sell \_\_\_\_\_,  
(Name of Product/Item for Sale)

for the purpose of raising funds for \_\_\_\_\_,  
(Funds to be Used for)

from (dates) \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Signature of Person Authorizing Sales

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Fund-Raising Coordinator

\_\_\_\_\_  
Date

*Any questions regarding this fund-raising activity should be directed to the person authorizing sales.*