

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, group or activity making this fund-raising activity request:	
Reason for the fund raiser (please be specific):	
Description of fund raiser ¹ (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:

If this is a joint fund raiser, write down the name(s) of the partner(s):

Signature of Individual

Signature - Representative of Organization

Approved – Date: _____

Not Approved – Date: _____

Reason for Denial: _____

Signature of Principal or Designee

Date

Signature of [Superintendent]

Date

¹If 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)

Silver Falls School District

Student Fund-Raising Activity Verification Form

Date: _____

To Whom it May Concern:

The Silver Falls 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.