

SAN MARCOS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT

PTA/PTO/PTSO/Booster Fundraising Permission Request

Organization: _____ Campus _____

Permission is requested to conduct the following money-raising activity: _____

Is this a SMCISD support group event? yes no

Is any third party vendor/business involved? yes no

(Example: Dance studios, sport clubs, restaurants, online stores)

If yes, name of vendor: _____

Description of fundraiser and/or items to be sold: _____

Specific purpose(s) for which the net proceeds are to be used: _____

Begin Date: _____
MM/DD/YY

End Date: _____
MM/DD/YY

On Campus yes no

Off Campus yes no

Location: _____

(example: gym, cafeteria, lecture hall)

Time of day (if applicable): _____

Facilities must be reserved through designated campus personnel. Be sure to request necessary custodial services, door access and HVAC. You may be charged for personnel costs associated with facility usage. No one (employees/PTA/boosters) is authorized to sub-let or reserve District facilities for outside organizations. Sponsor/Coach must remain present during the event. Please initial that you have read and will comply with these statements.

We are conducting a money-raising activity, and we will be responsible for the accountability of all monies collected. Permission must be received from the District prior to conducting the activity on any SMCISD premisses.

Booster/PTA Requestor's Signature Date

Principal (or Designee) Signature Date

Booster/PTA Rep Name Printed Name

Principal (or Designee) Printed Name

Booster/PTA Rep Phone #

If Athletic Booster fundraiser, must have both Coordinator and A.D. approval.

Booster/PTA Rep email address

Campus Athletic Coordinator Signature Date

Sponsor/Coach Signature Date

Athletic Director (or Designee) Signature Date

Sponsor/Coach Name Printed Name

APPROVED

DISAPPROVED

_____ FUNDRAISER #

Chief Financial Officer (or Designee) Date