



San Jose Unified School District

Request For Approval For Fundraising Event

Please submit form to your school's Principal, Assistant Principal, or Designee at least 4 weeks in advance of your event.

Name of School: _____
Date Form Submitted: _____
Person Submitting Form: _____ Title: _____
Email Address: _____ Phone: _____

Description of what will be sold or how money will be raised:

If food is being sold, describe types/kinds of food:

Competitive Food Sales and Fundraising involving food sales must be reviewed by Student Nutrition Services Manager/Director (Phone: 535-6021 Fax: 535-2359)

Purpose of fundraising event (e.g. ASB, science camp, etc.):

Event Sponsor: ASB _____ PTA _____ Home & School _____ Other _____

Proposed date(s) of event: _____ Contact person for event: _____

Location of proposed activity: _____

Account number (if applicable): _____

Status of event: New _____ Held same event in previous years _____

Note: Revenue potential form must be attached

Principal or Designee Approval: _____
Signature Date

ASB Signature (if applicable): _____

Reviewed by SJUSD: _____ Date: _____

Approved _____ Denied _____ Date: _____