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: ___________________________________________ Date: ______________

Signature

ASB Signature (if applicable): _________________________________________________________________

Reviewed by SJUSD: _____________________________ Date: ______________

Approved__________ Denied__________ Date: ______________