LAKE SHORE CENTRAL SCHOOL DISTRICT

Angola, NY 14006 (716) 926-2210

FUNDRAISER REQUEST FORM

Advisor to submit request at least seven days prior to fundraiser start date.

The following group is requesting permission to conduct the following activity in compliance with the School District's Extra-Classroom activity procedures, regulations, Board of Education policies, and New York State Laws. All purchases, receipts, and disbursement of funds must be in accordance with District procedures, regulations, policies and NYS Laws. Food items that do not meet the same nutritional guidelines as the Cafeteria cannot be sold during the hours of midnight prior to the start of the school day and one half hour after the end of the school day.

COMPLETE TOP SECTION & OBTAIN ALL 3 SIGNATURES. KEEP ONE COPY AND SEND ONE COPY TO W.T. HOAG ADMINISTRATOR Class/Club/Team/Organization Name: ______ School: _____ Fundraising Activity Planned/Item to be sold: NEW YORK STATE TAXABLE Event/Sale/Activity/Project: YES NO Purpose of Fundraiser: _____ Date of Activity/Sale, Begin Date: _____ End Date: _____ Location of Sale: _____ Company/Vendor Name: Projected Receipts: \$______ Projected Expenses: \$ Projected Profit (Receipts minus Expenses): \$ The Class/Club/Team/Organization Advisors and Student Officers understand the above activity and assume responsibility for its fiscal conduct. All signatures are required before starting this activity, sale, event or project. Faculty Advisor (Print/Sign/Date): Student Treasurer (Print/Sign/Date): ______ Building Principal (Print/Sign/Date): W.T. Hoag Administrator (Print/Sign/Date): _______APPROVED_____DENIED_____ Superintendent signature required when contract is required, or insurance approval POST FUNDRAISER Advisor to complete and return to W.T Hoag Administrator within 30 days of fundraiser end date. COMPLETE BOTTOM SECTION & SIGN. KEEP ONE COPY AND SEND ONE COPY TO W.T HOAG ADMINISTRATOR Actual Receipts: \$ Actual Expenses: \$ ______ Actual Profit: \$____ Additional Notes/Explanation: Faculty Advisor (Print/Sign/Date): W.T.Hoag Administrator (Print/Sign/Date): _____ Profit/Loss Verified by Central Treasurer (Print/Sign/Date): _____