

# Kiski Area School District

## Request for Fund Raising Projects

200 Poplar Street, Vandergrift, PA 15690

Name of person submitting form: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of booster group; team or organization: \_\_\_\_\_

Sponsor/Coach: \_\_\_\_\_

Describe fundraising activity (what will be sold): \_\_\_\_\_

Dates requested for activity or sale: \_\_\_\_\_

Proceeds will benefit (what will these profits be used for – be specific): \_\_\_\_\_

Funds to be deposited (how will the funds be handled): \_\_\_\_\_

Institution & persons handling funds: \_\_\_\_\_

Who will be responsible for accounting for the funds: \_\_\_\_\_

**This form must be submitted at least 45 days prior to sale or activity and/or by September 30<sup>th</sup> for first semester and January 31<sup>st</sup> for second semester. No sales may be conducted without approval of the Principal and/or Athletic Director as applicable.**

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**Do Not Write Below This Line**  
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Date Submitted: \_\_\_\_\_ Approved    Disapproved    Comments:

Reviewed by:

Coach: \_\_\_\_\_   \_\_\_\_\_

Athletic Director: \_\_\_\_\_   \_\_\_\_\_

Principal: \_\_\_\_\_   \_\_\_\_\_

Central Office: \_\_\_\_\_   \_\_\_\_\_