

# Oak Ridge Schools – Fundraiser Authorization

**Please check box below if SSO (Booster) Fundraiser**

School: <u>Oak Ridge High School</u>	Date: _____
Group/Organization requesting permission: _____	
Sponsor: _____	Title _____ Phone #: _____
Booster Organization: <input type="checkbox"/> YES <input type="checkbox"/> NO	

**SSO Officer Signature:** (required if SSO Fundraiser) \_\_\_\_\_

Description of proposed Fundraising Activity: _____ _____ _____
Will Group/Organization receive school equipment or materials as part of this fundraising activity? (circle one)      Yes                      No
Attach a list of specific equipment or materials that will be received as a result of this fundraiser activity.
Purpose/Need of Fundraising Activity: _____
Date(s) of Fundraiser:    Begin _____              End _____
Who will be involved in fundraising activity (9 <sup>th</sup> grade students, parents, etc): _____ _____
Number Participating: _____
If applicable, describe specific student role in this fundraising activity: _____ _____ _____
Where will activity take place? _____
Educational Value of Activity: _____ _____

**Vendor Information:**

Name of Fundraising Company: \_\_\_\_\_

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

Is this an online fundraiser? (circle one)                      Yes                      No

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Method by which school/SSO will receive profit: \_\_\_\_\_

Margin of Profit (if applicable): \_\_\_\_\_

Fund Account #: \_\_\_\_\_

Current Balance of Fund Account: \$ \_\_\_\_\_

**Will any type of technology devices or equipment be received as a result of this fundraising activity?**

(circle one)      Yes              No

If yes, approval from the Director of Technology is required. Attach a list of specific technology equipment or devices that will be received due to this fundraising activity and submit to the Director of Technology.

Director of Technology: \_\_\_\_\_ Date: \_\_\_\_\_

**Athletic Approvals (if required)**

Athletic Coach: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Required Approvals**

Organization Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Building Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Exec. Dir. Of School Leadership: \_\_\_\_\_ Date: \_\_\_\_\_

Note: This form is to be used for requests under items 3 and 4 in Administrative Bulletin No. 28 on Fundraising through School Activities.