



Summer Sports Camp

Fundraiser Authorization

School: _____ Date: _____

Group/Organization requesting permission: _____

Camp Dates: _____

Camp Coordinator _____ Phone #: _____

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 (9th grade students, parents, etc): _____

Anticipated Number of Participants: _____

Individual Participant Cost: \$ _____ Team Cost: \$ _____

If applicable, describe specific student role in this fundraising activity: _____

Where will activity take place? _____

Educational Value of Activity: _____

Method by which school/SSO will receive profit: _____

Margin of Profit (if applicable): _____

Fund Account #: _____

Current Balance of Fund Account: \$ _____

Liability Insurance Provider: _____

Cost: \$ _____ **Anticipated Purchase Date:** _____

Proof of required liability insurance must be submitted to the building principal prior to the start of camp.

Athletic Approvals (if required)

Athletic Coach: _____ **Date:** _____

Athletic Director: _____ **Date:** _____

Required Approvals

Building Principal: _____ **Date:** _____

Exec. Dir. Of School Leadership: _____ **Date:** _____

Note: This form is to be used for requests as outlined in Administrative Procedure AP 2.601 (B)

11/01/17
BKL/slj

Proposed Use of Funds Raised

Anticipated Equipment Purchase:

1. Equipment Name: _____ Estimated Cost: \$ _____

Description: _____

2. Equipment Name: _____ Estimated Cost: \$ _____

Description: _____

3. Equipment Name: _____ Estimated Cost: \$ _____

Description: _____

4. Equipment Name: _____ Estimated Cost: \$ _____

Description: _____

5. Equipment Name: _____ Estimated Cost: \$ _____

Description: _____

6. Equipment Name: _____ Estimated Cost: \$ _____

Description: _____

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: _____

Anticipated Salaries:

1. Position: _____ Hourly Rate: \$ _____
Total Expected Cost \$ _____
Position Description: _____

2. Position: _____ Hourly Rate: \$ _____
Total Expected Cost \$ _____
Position Description: _____

3. Position: _____ Hourly Rate: \$ _____
Total Expected Cost \$ _____
Position Description: _____

4. Position: _____ Hourly Rate: \$ _____
Total Expected Cost \$ _____
Position Description: _____

5. Position: _____ Hourly Rate: \$ _____
Total Expected Cost \$ _____
Position Description: _____

6. Position: _____ Hourly Rate: \$ _____
Total Expected Cost \$ _____
Position Description: _____

Grand Total Anticipated Camp Staff Pay: \$ _____