



# Oak Ridge Schools – Fundraiser Authorization

School: \_\_\_\_\_ Date: \_\_\_\_\_

Group/Organization requesting permission: \_\_\_\_\_

School Sponsor: \_\_\_\_\_ Title \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

**School Support Organization Information (if applicable)**

Name of Person Organizing Fundraiser: \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_

Description of proposed Fundraising Activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will Group/Organization receive school equipment or materials as part of this fundraising activity?

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 of Students Participating: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Where will activity take place? \_\_\_\_\_

Educational Value of Activity: \_\_\_\_\_

\_\_\_\_\_



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## Vendor Information

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

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

Is this an online fundraiser?      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?

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

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

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