

**ADAMS COUNTY/OHIO VALLEY SCHOOLS
REQUEST FOR FUNDRAISING ACTIVITY**

Activity Program Fund _____ Activity Account Number _____ Date _____

Purpose of Fund Raiser _____

(Describe product to be sold, _____

reason for fund raiser) _____

Name of Vendor _____ Salesman _____

Address _____ Address _____

City/State _____ City/State _____

Phone _____ Zip _____ Phone _____ Zip _____

Starting Date _____ Ending Date _____

Product(s) to be sold _____

| | | | |
|---|-----------------------------|--------------------|----------------------|
| Item Description (Unit size, etc.) _____ | Unit Selling Price _____ | Unit Cost _____ | Unit Profit _____ |
|---|-----------------------------|--------------------|----------------------|

May unsold items be returned for credit? _____

Sales are to be made: School only _____ Community only _____ School & Community _____

Sellers: Students _____ Parents _____ Other _____

Who will sellers deliver monies to? _____

How will sellers be held accountable for their sale and goods? _____

Are the Student and Parent Agreement Form to be used? _____

If sales are to be conducted on the school grounds during student attendance, please complete the following:

Is the item to be sold a foodstuff? _____ If yes, please complete information below.

Time of Sale _____

Location of Sale _____

Signed _____ Signed _____

Club Officer

Activity Sponsor

_____ Approved _____ Disapproved

Comments: _____

Principal's Signature _____ Date _____
(SIGNATURE INDICATES THAT FUND RAISER IS INACCORDANCE WITH PURPOSE AND POLICY STATEMENT)

_____ Acknowledged – Activity Sponsor _____ Date _____

_____ Approved – Superintendent or Designee _____ Date _____

_____ Disapproved – Superintendent or Designee _____ Date _____

NO COMMITMENTS MAY BE MADE UNTIL THE DIRECTOR OF BUSINESS AFFAIRS HAS GIVEN APPROVAL

Acknowledged – Treasurer _____ Date _____

Adopted:11/25/02

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Adams County/Ohio Valley School District

2003 Update