

REQUEST FOR APPROVAL OF FUNDRAISING ACTIVITY AND PARENT DISCLOSURE

Version 2020-08-KAC

Application Date: Name of Team or Organization: SHHS Toolback
Advisor/Coach: School:
Type of fundraising activity: Team/Group/Organization -OR- Individual Students
Name of Fundraiser: Sky Howk CAROS
Fundraiser Begin Date: Sully 4 - April O Fundraiser End Date: April O
Proceed Percentage Applied to Program: / % Proceed Percentage Applied to Student: %
Identify the specific financial needs of the team/organization/individuals to be satisfied by this fundraiser. Needs and costs of items must be described in detail rather than simply listing general terms such as "equipment" or "travel" or "team funds."
Weight Moon 200K New equipment Roon Branding
New equipment
Roon Branding
Describe the fundraising activity(ies), including how the money will be collected and accounted for, and identify whether activity is a team/group/organization or individual student fundraising activity.
Players go door to door Selling Cards, Players Collect monet and turn it into Finance
Describe any transportation or supervision needed to complete the fundraiser, and explain how potential risks or safety concerns will be addressed.
Describe any transportation or supervision needed to complete the fundraiser, and explain how potential risks or
Describe any transportation or supervision needed to complete the fundraiser, and explain how potential risks or safety concerns will be addressed.
Describe any transportation or supervision needed to complete the fundraiser, and explain how potential risks or safety concerns will be addressed.
Describe any transportation or supervision needed to complete the fundraiser, and explain how potential risks or safety concerns will be addressed.
Describe any transportation or supervision needed to complete the fundraiser, and explain how potential risks or safety concerns will be addressed.
Describe any transportation or supervision needed to complete the fundraiser, and explain how potential risks or safety concerns will be addressed.
Describe any transportation or supervision needed to complete the fundraiser, and explain how potential risks or safety concerns will be addressed.
Describe any transportation or supervision needed to complete the fundraiser, and explain how potential risks or safety concerns will be addressed. I hereby represent that I am the head coach/advisor of the team or organization named above and that the information provided herein is correct and complete to the best of my knowledge. I have read and understand the fundraising

	This section is to be completed by Principal or designated Assistant Principal.
	The following items must be checked off following discussion with the Coach/Advisor seeking fundraising approval.
	☐ No rewards or prizes may be offered unless specifically authorized by the Principal and Elementary or Secondary Director.
i	Student grades or citizenship standing shall not be affected by a student's ability or willingness to participate in this fundraiser.
	☐ Sales quotas for students may not be a part of any fundraising effort.
	Students shall not be required to pay for any unsold items which are returned to the school.
	Students shall not be required to participate in the fundraising effort as a condition for belonging to the team/group.
1	☐ A student's participation or lack thereof in the fundraising effort shall not affect his/her play time or standing on the team/group.
	For individual student fundraisers, students must be given the opportunity to directly pay the costs that are assessed to them instead
	of fundraising.
1	Students may not be assessed fees in excess of the Board approved fee schedule.
	☐ The parents/guardians of elementary students must give permission for their students to participate.
1	Raffles are illegal in Utah and are, therefore, prohibited as a fundraising effort.
	☐ Door-to-door sales are prohibited.
	Potential risk concerns, including student safety, transportation issues, and appropriate supervision.
_	The above described fundraising activity is hereby approved.
	Signature of Principal/Assistant: Date: 6/1/2)