REQUEST FOR APPROVAL OF FUNDRAISING ACTIVITY AND PARENT DISCLOSURE

Application Date: 6-1-20 Name of Team or Organization: FootbALL

Advisor/Coach: Higginson School: Salem Hills

Type of fundraising activity: ☐ Team/Group/Organization -OR- ☐ Individual Students

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."

FOOTBALL EQUIPMENT

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.

BANNERS

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 guidelines set forth in Nebo School District Policy #KAC, School Fundraising Activities.

Signature of Coach/Advisor: _____ Date: 6-1-20