

**SCHOOL DISTRICT OF HARTLAND/LAKESIDE
APPLICATION FOR FUNDRAISING ACTIVITY**

School or Organization: _____

Name of Group: _____

Date of application: _____

(must submit a request for approval to the building principal at least three weeks prior to the date the fund raising activity is to begin)

Contact Information:

Applicant: _____

Phone: _____

Email: _____

If selling a product:

Items to be sold (please describe in detail, including product price): _____

Sales time line: _____

Location of where sale is taking place: _____

**SCHOOL SPONSORED FOOD SALES CAN ONLY TAKE PLACE 30 MINUTES AFTER THE
END OF A SCHOOL DAY RELEASE TIME AND BEFORE MIDNIGHT.**

If hosting an event:

Description of event (please describe in detail): _____

Sales timeline and event date: _____

Location of where sale and event are taking place: _____

Expected attendance: _____

Number of chaperones at event: _____

Purpose for which the funds will be used: _____

Estimated profits from this sale/event: _____

Advisor Signature: _____ Date: _____

Approved by building principal: _____ Date: _____

Not approved by building principal Reason: _____

Approved by Superintendent: _____ Date: _____

Not approved by Superintendent Reason: _____
