

**LOOP INDEPENDENT SCHOOL DISTRICT
FUND RAISING ACTIVITY APPLICATION**

Organization: _____ Date: _____

Sponsor/s: _____

Beginning day: _____ Ending day: _____

Describe the purpose of the fund raiser: _____

Describe the product/s: _____

Vendor: _____ Representative: _____

Address: _____

Phone: _____

Have all outstanding debts from previous activities been collected? YES NO

If no, outstanding amount is \$ _____

Estimated Profit \$ _____

I certify that I will exercise strict control over all products and will remit all collections on a daily basis to the secretary/bookkeeper. I will notify the Business Office promptly of all outstanding debts so that appropriate action may be taken. I realize that any losses due to my failure to follow established rules and procedures may become my personal responsibility.

Submitted by _____ Date _____
Sponsor/s

Approved by _____ Date _____
Principal

Approved by _____ Date _____
Superintendent

FUND RAISING RECAP

Due in Business Office within 4 weeks of ending sale date.

Total deposits	\$ _____
Less: Total cost of sale (invoice)	\$ _____
Less: Outstanding debts	\$ _____
Net profit	\$ _____

Sponsor/s signature/s _____
Date _____

Secretary/Bookkeeper _____
Date _____