

7. Request for Fundraising Activity

WEST CHESTER AREA SCHOOL DISTRICT
Request for Fundraising Activity

*Please submit all request forms to the building principal of the fundraising group.

DESCRIPTION OF FUNDRAISING ACTIVITY: _____

GOAL OF FUNDRAISING ACTIVITY: _____

Date(s) Requested: _____ **Start Date:** _____ **Finish Date:** _____

Delivery Date(s) of items to be sold: _____

Delivery Location/Time: _____

NAME OF FUND RAISING GROUP: (PLEASE LIST THE APPROPRIATE CLUB OR ORGANIZATION)

NAME OF PERSON REPRESENTING THE GROUP: _____

TELEPHONE NUMBER: _____ **EMAIL ADDRESS:** _____

ADDRESS OF PERSON REPRESENTING THE GROUP:

Street City State Zip

SIGNATURE OF PERSON REPRESENTING THE GROUP:

Group Tax ID#

NAME OF LICENSED FOOD HANDLER (IF APPROPRIATE) AND LICENSE NUMBER:

In signing this application, the person representing the group or organization certifies to the Board of Education the following:

1. That he/she has been authorized by the group or organization to represent it.
2. That the "Policies Concerning Fundraising Activities" approved by the Board of Education have been read, understood and will be complied with.
3. That the group or organization agrees to indemnify and save harmless the West Chester Area School Board against any claims, damages or injuries sustained while using or as a result of using the premises herein applied for.
4. That the group has reserved the delivery location and time through the appropriate building principal.

OFFICIAL USE ONLY

DATE RECEIVED: _____ **APPROVED** _____ **NOT APPROVED** _____

CONFIRMED WITH REQUESTING GROUP: _____ **ENTERED IN SCHEDULE** _____

BUILDING PRINCIPAL OR DESIGNEE