

# Kingsland School District Fundraiser Form

**Complete and return this form with all required signatures to the Activity Director who will submit to the Superintendent.**

Name of Organization/Team/Club \_\_\_\_\_

Name of Coach/Coordinator \_\_\_\_\_ Date of Request \_\_\_\_\_

Proposed Fundraising Activity (be specific):

Exact Date(s) of Proposed Activity: \_\_\_\_\_

Amount you expect to raise: \$ \_\_\_\_\_

Purpose of this fundraiser (include where money will be spent/donated):

I understand that this form must be completed, signed, and submitted to the Activities Director. Failure to do so may result in denial of the activity. I further understand that my organization may not conduct fundraising activities without approval from the Board of Education.

Coach/Coordinator signature \_\_\_\_\_ Date \_\_\_\_\_

Student(s) Signature: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_  
Activity Director Signature

\_\_\_\_\_ Date \_\_\_\_\_  
Superintendent Signature

\_\_\_\_ Approved \_\_\_\_ Not approved