DRIPPING SPRINGS INDEPENDENT SCHOOL DISTRICT
FUNDRAISER APPROVAL FORM

Fundraiser Number:

_____

(To be assigned by Business Office)

GENERAL INFORMATION:

Campus:			
Club/Organization:			
Fundraiser Number:	#1 ☐	#2 ☐	
Sponsor/Contact:			
Sponsor Contact Phone:		Email:	
Fundraiser Name/Type:			
Vendor:			
Charity (if applicable):			

FUNDRAISER INFORMATION:

Fundraiser will be conducted from: _____ to _____
(Crowd funding limited to 45 days) *(MM/DD/YY)* *(MM/DD/YY)*

Sales will be made by: Students ☐ Staff ☐ Both ☐

What type of merchandise or service will be sold?

_____

How will the merchandise/service be sold/provided? (*catalog sales, individual sales, prepaid orders)*

_____

Proceeds generated will be used for?

_____

PROJECTED SALES & EXPENSES:

Projected Total Sales: $_____
Projected Total Expenses: _____
Projected Net Profit: $_____

MINIMUM NET PROFITS REQUIRED:

School-wide: $1,000
Student Club/Organization: $500

APPROVALS:

	Signature	Date	Approved	Denied
Principal/Director				
Learning & Innovation				
Business Services				