Date

## Fundraiser/Crowdfunding Request

Name of Group or Organization			
Representative Completing Form			
Individual Responsible for Funds			
Phone Number of Individual Responsible			
E-Mail of Individual Responsible			
Please describe the details of the fundraiser/crowdfunding below.			
	What do you expect your total revenues to be?		
What do you anticipate your total expenses to be?			
Estimated profit/goal:			
Describe how profits from this fundrais	er/crowdfunding will be used this year to enhance the expe	ience of all	
students in the program.			
Francisco / Consulting the Charle Date			
Fundraiser/Crowdfunding Start Date			
Fundraiser/Crowdfunding End Date			
For FUNDRAISERS-please check YES or NO below for <u>EACH</u> question.  for CROWDFUNDING- please check YES or NO for questions 1, 2, 3.			
1. Will these funds be housed in a district activity account?		Yes	No
2. Will the fundraiser use the name of D.C. Everest Schools in materials or publicity		Yes	No
directly, indirectly, or implied?  3. If publicizing the fundraiser, please explain how:		163	110
Will alcohol be served or sold during the activity?		Yes	No
Will you be soliciting local businesses? (Fundraisers that solicit local businesses require school board approval.)		Yes	No
Will fundraiser include non-exempt food items sold during the day?		Yes	No
Have you been approved for a non-exempt food item fundraiser previously?		Yes	No
Two fundraisers of non-exempt food items (food not under the Smart Snack Rules – candy, bake			110
sales, etc.) sold during the school day are allowed for each group per year.  Duration of these fundraisers may not exceed two (2) weeks.			
,	exceed two (2) weeks.		
Instructions:  1) Complete and sign form (teal	cher, coach, co-curricular supervisor, or designated staff me	mber.)	
2) Submit to the principal for approval and signature.			
3) Principal submits all requests to Superintendent/School Board for approval.			
Signature of Fundraiser Representative	re Date		
Signature of Building Principal	Date		
Signature of Bullung (Thicipal	Date		
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Signature of Superintendent	Date		

Signature of School Board Clerk