

PRESTON COUNTY SCHOOLS FUNDRAISING ACTIVITY REQUEST

Office Use Only

Date Received

Name of School: _____

Name of Organization: _____

Contact Person: _____

Phone Number: _____

All Fund Raisers must comply with Preston Co. Board Policy §5-21, Accounting Procedures Manual for Public Schools in West Virginia (Chapter 1-34), and State Standards for School Nutrition Policy 4321.1 (§126-86).

-----Complete Information for Line 1 – 11 or Mark N/A -----

1. Name of Activity: _____

2. Location of Activity: _____

3. Date(s) of Activity: _____

4. Reason for Fundraising Activity: _____

5. Educational Value to Students: _____

6. Name of any outside business/company involved: _____

7. Number of students or grades participating: _____

8. Your organization's percentage of profit: _____ %

9. If outside/company, their profit margin: _____ %

10. Projected Revenue to be Raised: \$ _____

11. Will School Facility need to be reserved? YES NO

(If yes, please fill out Facility Use Form) FY _____ No. _____

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Principal's Signature: _____

Treasurer/CSBO's Signature: _____

Superintendent's Signature: _____

Approved: _____ Denied: _____

Comments: _____

**No Fundraiser may begin without first being approved by the BOE.
All fundraisers are subject to audit.**