

Kilgore Independent School District
Request For Fundraiser Approval
(All fundraisers must be approved 60 days in advance.)

Campus: _____

Group/Organization making request: _____

Fundraiser description: _____

Intended use of funds: _____

Are items taxable? _____ Projected profit: \$ _____
Yes/No

If so, who is responsible for collecting taxes? Vendor _____ School _____

Will you have a tax free sales day? _____ If so, what date? _____
Yes/No

Vendor / Company providing products Name: _____

Address: _____

Phone: _____

Date fundraiser will begin: _____

Date fundraiser will end: _____

Date products should be delivered: _____

Last date for students to turn in collections or products: _____

I hereby request permission to conduct a money raising activity and I will be responsible for the proper conduct of that activity in accordance with KISD Board Policy and the Activity Fund Manual.

Signature of Sponsor / Person Requesting Approval

Date

Principal's Signature of Approval

Date

Superintendent's Signature of Approval

Date