

FANNIN COUNTY BOARD OF EDUCATION
School Fundraiser Request

Name of School: _____

Name of Organization(s) Requesting Exemption (club, class, dept. etc.): _____

Approximate number of students involved: _____

Approximate number of FCSS staff members involved: _____

Does this fundraiser require an Application to Operate a Raffle? Yes No

If yes, a copy of the application has to be attached with Sheriff's signature of approval.

Description of the requested fundraiser:

Items to be sold: _____

Date(s) of Fundraiser – beginning and end: _____

Yes meets Smart Snack Guidelines No does not meet Smart Snack Guidelines Doesn't Apply

Where will this activity take place: _____

Reason the funds are being raised: _____

Anticipated amount of money to be collected: \$ _____

Percent of profit received by school: _____ Percent of profit received by company: _____

Name and address of the company or organization sponsoring this fundraiser: _____

Check these three items if your fundraiser DOES NOT meet Smart Snack Guidelines

I certify my fundraiser, if approved, will not operate anywhere on the school campus 30 minutes prior to until 30 minutes after the end of school meal service (including breakfast and lunch).

I certify my fundraiser, if approved, will not exceed 3 school days in length.

I certify that my organization will maintain all required documents including food labels of products sold and receipts for my fundraiser. In addition, I will provide these documents to the school/district upon request.

Sponsor Name and SIGNATURE: _____

Contact Phone Number: _____ Contact Email: _____

Principal's Signature

Date

School Governance Teams

“Fannin County School System is an equal opportunity provider and employer.”

REVISED 10-24-2016