

**Bay District Schools
BOOSTER, PTO or PTA
AUTHORIZATION FOR A FUND RAISING DRIVE**

Name of School _____ Date _____

Requesting Organization _____

Dates of Fund Raiser Begin - - End - -

Type of Activity or Function _____

Describe where and how the activity will operate _____

Anticipated cost of activity \$ _____

Anticipated gross receipts \$ _____

Anticipated Profit \$ _____ -

Describe how profit will be used _____

Signature of Officer _____

Signature of Principal
or designee _____

Approved <input type="checkbox"/>	Not Approved <input type="checkbox"/>
Date _____	
MM/DD/YY	

**No Door to Door Selling
Sales Tax must be paid on re-sale items**

Distribution
Original - Bookkeeper
Copy 2 - Booster/PTO/PTA
Copy 3 - Sponsor