

Jordan School District
FUND RAISING REQUEST

School _____ Date _____

Person Requesting _____ Phone # _____

Organization _____ Email _____

How Money Will Be Spent / Needs Assessment (include details of organization needs)

Methods of Raising Funds	Inclusive Dates	Anticipated Revenue
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: No Door-to-Door Sales

All Contributions are Voluntary

Expenditures of Fund Raiser (be as specific as possible with projected costs)

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Resources (gym, auditorium, etc.) _____

School Administration Approval, Signature

Date

Facilities Scheduling (please mark all questions below)

If "yes" is marked on *any* questions below, please contact Facilities Scheduling at 801-567-8603

If "no" is marked on *all* questions, please send to the appropriate Administrator of Schools.

Yes No Does this fundraiser involve *any* outside entity or group using the building or grounds?

Yes No Will the outside entity be taking in revenue?

Facilities Scheduler Signature

Date

Fund Raising Projects described above must comply with District Policy AA417 - Fund Raising

District Approval, Administrator of Schools Signature

Date