EL DORADO UNION HIGH SCHOOL DISTRICT

SCHOOL SUPPORT ORGANIZATION Fund-Raising Request and Authorization

School:	D	ate:
Applicant Organization:		hone:
Starting Date:	F	inishing Date:
Address:	D	elivery Date:
Requested By:	Р	hone:
Faculty Advisor/ School Coach Name:	O	ffice Held:
Address:		
Purpose of fund-raiser (attach additional	al sheet if necessary):	
Is fund-raiser in school? No	Yes Is fund-raiser in	community? No Yes
Description of fund-raiser (attach additi	onal sheet if necessary):	
Is a product being sold? No	Yes If so, what is being solo	?
Which account or organization will fund	Is be deposited into?	
Estimated income: \$	Estimated expend	iture: \$
employees, and against any and all claims	, demands, and causes of action that may by, arising out of, or in any way connec	ion High School District, its officers, agents, and y be made or brought against the School District, its ted with the use by Authorization Holder of the El red.
Role of the Faculty Advisor/School Coad When a school supported organization hold fundraiser and ensure that all district and so maintained:	ds a fundraiser it is the responsibility of the	e Faculty Advisor/School Coach to manage the d. Please ensure that the points below are
 The Faculty Advisor/ 	Coach should be present during all fundra Coach is responsible for any cash boxes Coach is responsible for assuring that all	that are checked out.
SIGNED (Faculty Advisor/School Coach):	х	Date:
SIGNED (Athletic Director if sport team):	х	Date:
	TO BE COMPLETED BY SCHOOL PERSON	NEL .
Special Instructions:		
Principal:	Date:	APPROVED DENIED