



STUDENT ORGANIZATION, BOOSTER CLUB, FUNDRAISER REQUEST FOR APPROVAL

ORGANIZATION: ☐ STUDENT ORGANIZATION ☐ BOOSTER CLUB ☐ OTHER

CAMPUS: ☐ TCHS ☐ BLOCKER ☐ HEIGHTS ☐ NORTHSIDE
 ☐ CVECC ☐ LEVI FRY ☐ KOHFELDT ☐ ROOSEVELT-WILSON
 ☐ LM PRIMARY ☐ LM ELEMENTARY
 ☐ LM MIDDLE ☐ LM HIGH

DATE: _____ CLUB/ORGANIZATION NAME: _____

REQUESTED BY: _____ PHONE #: _____

TCISD EMPLOYEE CONTACT: _____ PHONE #: _____

COMPLETE THE FOLLOWING:

DATE OF EVENT/ACTIVITY/SALE: _____ **TIME(S):** _____

EVENT/ACTIVITY/SALE DESCRIPTION: _____

EVENT/ACTIVITY/ SALE COORDINATOR: _____ **PHONE #:** _____

LOCATION OF EVENT/ACTIVITY/SALE: _____

PURPOSE OF EVENT/ACTIVITY/SALE: _____

☐ **THIS FUNDRAISER INVOLVES SELLING MERCHANDISE FOR ANOTHER BUSINESS AND THE DISTRICT'S REQUIRED CONTRACT HAS BEEN COMPLETED BY THE BUSINESS AND IS ATTACHED.**

☐ APPROVED ☐ DENIED _____
PROGRAM DIRECTOR (ATHLETIC/VOCATIONAL/BAND/CHOIR/OTHER) DATE

☐ APPROVED ☐ DENIED _____
PRINCIPAL'S SIGNATURE DATE

☐ APPROVED ☐ DENIED _____
ATHLETIC DIRECTOR DATE

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***THIS FORM MUST BE SUBMITTED TO THE ADMINISTRATION OFFICE FOR APPROVAL **TWO WEEKS PRIOR** TO DATE OF EVENT/ACTIVITY/SALE **WITH** AN ATTACHED COPY OF EVENT/ACTIVITY/SALE INFORMATION (FLYERS, BROCHURES, OR LIST OF ITEMS BEING USED/SOLD).

☐ APPROVED ☐ DENIED _____
DIRECTOR OF MAINTENANCE SIGNATURE DATE

☐ APPROVED ☐ DENIED _____
DIRECTOR OF NUTRITION SERVICES SIGNATURE DATE

☐ APPROVED ☐ DENIED _____
DEPUTY SUPERINTENDENT SIGNATURE DATE

Date received by TCISD Administration: _____