



FUNDRAISER APPLICATION

**For a fundraiser to be considered, this form must be completed and the requested documentation noted below must be submitted to the building principal and, if applicable, to the Business Office at least 30 days before the activity begins.**

Students may engage in raising funds, within District guidelines, for approved student activities and for previously approved charities, subject to the following conditions:

1. The project has been selected by the members of the organization as one in which they wish to participate.
2. The project has the approval of the principal of the school involved.
3. The project has the approval of the Superintendent.
4. No collection of money shall occur in school, on school property, or at a school sponsored event by a student for personal benefit.
5. If the fundraiser requires use of District facilities, AR 707 must be completed and submitted to the Business Office and a copy should be attached to this document along with any flyers, brochures, or other fundraising literature.

*Note: The West York Area School District strongly discourages unsupervised door-to-door fundraising.*

Organization: \_\_\_\_\_ Advisor/Booster Official: \_\_\_\_\_  
Coaches should not sign this form if it is a booster club sponsored fundraiser.

Signer's Phone Number: \_\_\_\_\_ Signer's Email: \_\_\_\_\_

Number of Students Participating: \_\_\_\_\_ Grades: \_\_\_\_\_ Anticipated Profit: \_\_\_\_\_

Reason for Collecting Money: \_\_\_\_\_

Date(s) of Fundraiser: \_\_\_\_\_ Delivery Date(s): \_\_\_\_\_

**Fundraiser Product or Activity**

Product(s) Being Sold or Activity: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address of Fundraising Company: \_\_\_\_\_ Website: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Approvals**

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_ Approved \_\_\_ Denied \_\_\_

Signature of Superintendent \_\_\_\_\_ Date \_\_\_\_\_ Approved \_\_\_ Denied \_\_\_

707 AR Use of Facilities (if applicable) approved by Business Office? Yes \_\_\_ No \_\_\_ Pending \_\_\_

**Accounting**

Account Number: \_\_\_\_\_

*Receipts must be written for every transaction. Money must be deposited according to School Policy.*

Deposits		Expenses			
Date	Amount	Date	Amount	Cash/Ck#	Vendor
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Grand Total	\$ -	Grand Total	\$ -	Net Profit	\$ -

Signature of Student Treasurer: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Advisor/Booster Official: \_\_\_\_\_ Date \_\_\_\_\_