



PASO ROBLES JOINT UNIFIED SCHOOL DISTRICT  
FUNDRAISER APPROVAL FORM

DISTRICT  
OFFICE  
  
RECEIVED  
DATE STAMP  
  
HERE

All forms must be approved by the district at least one month prior to the event

Date: \_\_\_\_\_

Name of School: \_\_\_\_\_ Group/Club/Class/Organization: \_\_\_\_\_

Type of Organization:  ASB  Booster  Foundation  PTA/PTO  Other \_\_\_\_\_

Faculty Sponsor/Advisor/Authorized Representative: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

ACTIVITY/FUNDRAISER TITLE: \_\_\_\_\_

Proposed date(s): \_\_\_\_\_ Begin/set-up time: \_\_\_\_\_  AM  PM Finish/clean-up time: \_\_\_\_\_  AM  PM

Location (school, room, offsite): \_\_\_\_\_ (must submit facility use form if using school/district facility)

EVENT DESCRIPTION:

What type of fundraiser is planned? \_\_\_\_\_

Why are you raising funds? \_\_\_\_\_

What is the goal? \_\_\_\_\_

What will be sold and how? \_\_\_\_\_

Who will be selling and buying? \_\_\_\_\_

What will be the charge? \_\_\_\_\_

FINANCIAL INFORMATION: (revenue/sales – expense/purchases = net profit)

Estimated revenue: \_\_\_\_\_ Estimated expenses: \_\_\_\_\_ Estimated profit: \_\_\_\_\_

*I acknowledge I have read and understand the guidelines regarding fundraising in PRJUSD and agree to abide by all rules and regulations.*

Faculty Sponsor/Advisor/Authorized Representative Signature: \_\_\_\_\_

ASB Advisor Signature (MS/HS Only): \_\_\_\_\_  Approve  Deny Date: \_\_\_\_\_

School Site Administrator Signature: \_\_\_\_\_  Approve  Deny Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_  Approve  Deny Date: \_\_\_\_\_

CBO Signature: \_\_\_\_\_  Approve  Deny Date: \_\_\_\_\_

RECAP TO BE COMPLETED AFTER FUNDRAISER: (Submit to site secretary once completed)

Actual revenue: \_\_\_\_\_ Actual expenses: \_\_\_\_\_ Actual profit: \_\_\_\_\_

Faculty Sponsor/Advisor/Authorized Representative Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_