

Mountain View School District
ASB Fundraiser Application

School: _____ Date submitted: _____

Organization: _____

Person Responsible (Fundraiser Chairperson): _____

Date of Event: From: _____ to _____

Description of fundraiser: _____

How will the proceeds be used? _____

Location of fundraiser: On campus Off campus

Will students be involved? Yes No

If yes, explain how:

Please attach the Fundraiser Revenue Potential Form (4.15). Attached Yes No

All fundraisers must be conducted in accordance with MVSD Board Policies, Procedures, California Education Code Section 15500 and Wellness Policy Guidelines. Attach nutritional information for any food or beverage served or sold. To ensure food and beverage products are in accordance, use the following online product calculator:

<http://www.californiaprojectclean.org/doc.asp?id=180&parentid=95>

Fundraising activities should not begin until all signatures have been obtained and the activity has been approved.

My signature indicates that I agree to obey district policies and procedures pertaining to fundraisers.

_____ Date: _____

Head of School/ Department

_____ Date: _____

Fundraiser Chairperson

APPROVAL:

_____ Date: _____

Nutrition Director

_____ Date: _____

Fiscal Services Director or Assistant Superintendent