## **Molalla River School District**

## **Student Fundraising Pre-Approval and Agreement**

\*Gray rows required additional materials

| Organization Name/Type: Athletic, Activity, Art, Academic   |   |
|---|---|
| Name of Supervisor First & Last   |   |
| Contact Info:<br>E-mail & Phone   |   |
| Name & Contact Information Additional Adult Support   |   |
| Fundraise Type & Description  Hosted event: Camp/clinic, etc.  Drawing: 1 event or multi-day  Campaign: Letter, media, phone etc.  Sale of item(s): Candy, coupon, etc.  Community Partnership: Dinner with % donation on specific day/time Other: Describe  Logation:  (Facility Use Request & Agreement Required) |   |
| Outside School District:  | Molalla River School District                               |
|   | <ul><li>Orange &amp; Black Booster</li><li>Other:</li></ul> |
| Fundraiser: Start Date (i.e. Monday, May 1, 2019)- End Date (i.e. Monday, May 1, 2019)  |   |
| Anticipated Net Profit  | \$  |
| Intended use for the funds<br>Ile an item for team use, trip, etc.<br>(If Over Night Trip is Intended use of funds,<br>Overnight Trip Request (required)  |   |
| How do you plan to maintain accurate and timely reporting of funds? All funds deposited to school fund within 48-hour period.   |   |

| All marketing material must be approved:  | Attach script (no longer than : 30 seconds)  Attach flyer (no larger than 8 ½ x 11)  Attach image for electronic monitor E-mailed to Jessica Goy |
|---|--|
| Additional Materials Needed: (i.e. Cash box, receipt book, etc.)                      |  |
| What form of acceptable revenue will be deposited:                                    | Cash: create receipt through schoolpay Check: MHS "Group" Card: School pay No use of third party without explicit approval (square, venmo, etc.) |
| Will a third-party vendor be involved?  | Yes or No  |
| If/Yes <sub>ro</sub>  | Attach Contract & Proof of Liability. Insurance for approval from business office  |
| If Yes Will anyone from the third-party vendor have unsupervised contact with minors? | Yes or No  |
| lif Yes   | Attach proof of background check   |

| Advisor Signature                   | Date: |  |
|-------------------------------------|-------|--|
| Fundraising Coordinator's Signature | Date: |  |

<sup>\*</sup>Failure to comply with any/all expectations may result in advisor termination and possible legal implications.

<sup>\*</sup>All district policies and administrative procedures concerning student transportation shall apply to school sponsored fundraising activities