

Request Form for Fundraisers/Club Activities – Event – ON-CAMPUS

Organization: _____

Advisor/Coach/Contact: _____

Date of Fundraiser: From: _____ To: _____

IF FUNDRAISER IS AN EVENT: Start Time _____ End Time: _____

1. What is the fundraiser? _____
2. IS THERE FOOD AND BEVERAGE INVOLVED? _____
3. What will the proceeds fund? _____
4. List all food or beverage items sold, if any (e.g. candy, cookie dough, cakes, soda, water, etc.) (Attach Page if necessary)

| Manufacturer | Food or Beverage |
|--------------|------------------|
| | |
| | |
| | |

5. Who will you solicit? Students ____ Parents/Adults ____ School Staff ____ Other _____
6. Where will the fundraiser be conducted? _____
7. When will the fundraiser be conducted? Before/After School _____ During School _____
Weekends _____
8. Check if you will promote the fundraiser through any or all options listed:
Daily Announcements ____ Social Media _____, write 2 to 3 sentences that will be used for the actual post. _____

**PLEASE INITIAL HERE _____ THAT YOU HAVE READ THE
HEALTHY FUNDRAISING GUIDELINES**

(This section to be completed by administrator after meeting with the advisor)

Does food meet the Connecticut Nutritional Standards? Yes _____ No _____ N/A _____

Does beverage meet the requirements of state statute? Yes _____ No _____ N/A _____

Associate Principal's Signature Approval