

Kilgore Independent School District
Request For Booster Club Fundraiser Approval
(All fundraisers must be approved 60 days in advance.)

Campus: _____

Group/Organization making request: _____

Fundraiser description: _____

Intended use of funds: _____

Vendor / Company providing products

Name: _____

Address: _____

Phone: _____

Date fundraiser will begin: _____

Date fundraiser will end: _____

Date products should be delivered: _____

Will students be involved in fundraising efforts?: _____

Yes/No

I hereby request permission to conduct a money raising activity, and I will be responsible for the proper conduct of that activity in accordance with KISD Board Policy and Booster Club Guidelines.

Booster Club Officer's Signature

Date

Principal's Signature of Approval

Date

Superintendent's Signature of Approval

Date