



DISTRICT SCHOOL BOARD OF PASCO COUNTY
FUND RAISING APPLICATION

MIS Form #176
Rev. 8/08

School \_\_\_\_\_ Date \_\_\_\_\_

- 1. Requested by (organization, class, or club)
2. Person responsible for sale
3. Purpose of sale (Why are funds needed?)
4. Supplying Company Name
Address Phone
5. Supplying Company Contact
Address Phone
6. Type of sale: Resale Service or donated time Admissions
7. Description of type of fundraiser
8. Sales begin date Sales end date Location of sale

9. ANTICIPATED PROFIT: TOTALS
A. Estimated revenues:
Estimated sales quantity x Estimated sales price \$
Other
B. Estimated cost:
Estimated unit quantity x Estimated unit price \$
Other
C. Estimated gross profit (A minus B) \$
D. Other costs (printing, security, prizes, etc) \$
E. Estimated profit (C minus D) \$

I am familiar with the fund raising regulations of the District School Board of Pasco County and accept responsibility for the collections involved.

Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

Proposed fund raising activity is: Approved Denied

If approved, the Financial Recap - Fund Raising Activity (MIS Form #177) must be completed when the fund raising event is finished.

Principal or Designee Signature Date School Bookkeeper Signature Date