

POLK SCHOOL DISTRICT
Application for Fundraising Activity

Name of Club or Activity: _____ School: _____

Date of this application: _____

Purpose of this fundraiser, how the money raised will be used:

Type of fundraiser:

Solicitation/Advertising	Service (In-School)	Solicitation/Community
Vending	Events	

What item or items will be sold:

Name of Vendor(s):

Duration of Sale/Projected Beginning and Ending Dates:

Fundraising Sponsor:

Principal's Approval Signature:* _____ Date: _____

Signature of Superintendent: _____ Date: _____

***My signature denotes my understanding that I also need to complete page two (2) (final report) at the conclusion of the fundraiser activity.**

Polk School District

Office of the Superintendent

612 S. College Street

Cedartown, Ga 30125

Phone (770) 748-3821

Fax (770) 748-5131-Main

Fax (470) 296-2078 - Operations/HR

Fund-Raisers

Final Report

School _____

Date _____

Club or Activity _____

Fund Raiser _____

Date Began _____

Date Ended _____

Total number of items purchased _____

Cost _____

Total number of items sold _____

Revenue _____

Total number of items not sold _____

Revenue _____

Total number unaccounted _____

Revenue _____

Net Proceeds _____

Please attach your original request to this final report.

Revised: 6/15/2018