

Goodrich ISD

Fundraising and Activity Application

**This form must be completed and approved by the Principal and Superintendent
at least two weeks PRIOR to the event.**

Organization Name _____ Date _____

Sponsor/Teacher _____ Beginning Date _____ End Date _____

Location (Building-Room) _____ Beginning Time _____ End Time _____

Names of Chaperones & Workers _____

Describe the purpose of sale _____

Describe the product or activity _____

Vendor _____ Representative _____

Contact Information _____

Have all outstanding debts from previous activities been collected? ____ Yes ____ No

\$ _____ (Amount Outstanding)

Approximate cost per item \$ _____

Estimated profit per item \$ _____

I will notify the campus administration promptly of all outstanding debts or possible situations to assure appropriate actions may be taken. I realize it is my responsibility to assure accurate and complete record keeping for all fundraising activities.

Submitted by _____ Date _____

Campus Administrator Approved _____ Date _____

Chief Financial Officer Approval _____ Date _____

Superintendent's Approval _____ Date _____

Please submit to campus secretary upon completion of sales.

Total Deposits \$ _____

Less: Total Invoice \$ _____

Net Profit \$ _____