FOLEY PUBLIC SCHOOLS
I.S.D. #51, Foley Public Schools
Foley, MN 56329

FOLEY PUBLIC SCHOOLS
2025-26 FUNDRAISING APPLICATION

Date: 9-17-26

Name of School: Foley Public Schools

Name of Organization: Staff Wellness

Advisor/Head Coach Name: Lindy Legatt

Type (underline): Student Activity Curricular Co-Curricular NA

Is this a school organization or a parent (i.e. non-school) organization? School - Staff

Name of Fundraiser: Sheet Pan Sale

Requested Date of Fundraiser: 1st Choice 2nd Choice _____
month of November

* Name of Company associated with this fundraiser:

* Explanation of amount of funds raised that returns to organization (e.g. $5 per item sold, 20% of overall sales, etc.):

* Name of Company Contact: Phone Number:

Description of Fundraising Activity: Cookie Sheet Pan Sale.

Explanation of why funds are needed and amount needed: Does the fundraiser involve sales tax (underline): Yes (No)
Does the fundraiser involve a contract (underline): Yes (No)
TO support staff wellness. We have no budget without fundraising support and donations.

*Conflicts and overlaps will be resolved prior to the printing of the "Master Fundraiser Schedule".

_____ _____
Signature of Principal/Supervisor Date

_____ _____
Signature of Board Chair Date approved by Board

** When form is complete, please share with Joel Foss, FHS Principal.