## WESTWOOD INDEPENDENT SCHOOL DISTRICT Authorization to Conduct Fund Raising Event

Organization: WMS Date submitted 8-29-25
Fundraising Event: POPIN TOPCOCN
Requested fundraising date/dates: Fall
Vendor (if applicable) TOPOCOCO
Address City/State Telephone
List specific items that will be sold: Popcocn & cookies, other Snacks
Price per item: \$ UP +0 \$ 25 Will customer pay in advance? Yes
Profit to organization should never be less that 50%; otherwise, explain
What will money raised from this fundraiser be used for? Compus fund
If NO vendor is involved; list location of event:
Estimated cost to organization to start fundraiser \$
How much will you charge your customer? \$ Will you accept donations?
I, Chaclone Myelf, am submitting this fund raising request before my organization starts raising funds. I understand that I amheld responsible for ordering and distributing merchandise and collecting all funds submitting funds to the office, to be deposited in my activity account. With the conclusion of this fund raiser, I will complete this form and return to the campus office.
PERMISSION IS GRANTED TO CONDUCT THIS EVENT:
(Hada 9/2/25) *
Campus Principal's Signature Date WISD Superintendent's Signature Date
Total Proceeds collected \$
Total Deposited in activity account \$Total invoice from vendor \$
Expenses incurred for a successful fundraiser \$(advertising, t-shirts, supplies, etc.)
Total Profit my organization benefitted from this fundraiser \$
I,, understand that these funds will not be available until this form is completed and returned to the campus office