

WESTWOOD INDEPENDENT SCHOOL DISTRICT
Authorization to Conduct Fund Raising Event

Organization: Winterguard Campus: MS/HS Date submitted 12/18/25

Fundraising Event: Bake Sale

Requested fundraising date/dates: 1/10/26 - 1/24/26

Vendor (if applicable) N/A

Address _____ City/State _____ Telephone _____

List specific items that will be sold: Desserts, Brownies, Cookies, Cake

Price per item: \$ 3-5 Will customer pay in advance? No

Profit to organization should never be less than 50%; otherwise, explain _____

What will money raised from this fundraiser be used for? Winterguard Equipment, Silks,

Gloves

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, Shayla Skief, am submitting this fund-raising request before my organization starts raising funds. I understand that I am held 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:


Campus Principal's Signature

12/18/25
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