

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

Westwood High School  
**FUNDRAISER FORM**

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

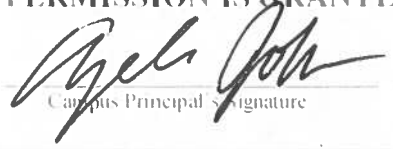
Profit to organization should never be less than 50%; otherwise, explain \_\_\_\_\_

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

If <b>NO</b> 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:**

	<u>12/18/25</u>	_____	_____
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	