

WESTWOOD INDEPENDENT SCHOOL DISTRICT
Authorization to Conduct Fund Raising Event

Organization: Theatre Campus: Westwood Middle School Date submitted: 10/17/2025

Fundraising Event: Halloween Boo Bags

Requested fundraising date/dates: 10/30 + 10/31

Vendor (if applicable) N/A Local Fundraiser @ Middle School

Address

City/State

Telephone

List specific items that will be sold: Little bags filled w/ pre packaged Halloween goodies

Price per item: \$2-4 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? End of year Show

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, Amanda Harrison, 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:

[Signature]
Campus Principal's Signature

10/17/25
Date

[Signature]
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