

WESTWOOD INDEPENDENT SCHOOL DISTRICT
Authorization to Conduct Fund Raising Event

Organization: PSG Class of WHS Campus: WHS Date submitted: 2/3/25
Fundraising Event: -2025- VB game Varsity girls (ys) Varsity Football boys
Requested fundraising date dates: 3/4/25 - 6PM
Vendor (if applicable): _____

Westwood High School
FUNDRAISER FORM

Address _____ City/State _____ Telephone _____
List specific items that will be sold: _____
Price per item: \$ 2.00 ticket Will customer pay in advance? at door
Profit to organization should never be less than 50%; otherwise, explain _____

What will money raised from this fundraiser be used for? senior gifts \$
senior breakfast

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? _____

Emitchoff 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] _____ Date _____ WISD Superintendent's Signature _____ Date _____
Campus Principal's Signature

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