

WESTWOOD INDEPENDENT SCHOOL DISTRICT
Authorization to Conduct Fund Raising Event

Organization: Athletic Campus: H5 JH Date submitted 7-24-25

Fundraising Event: Adrenaline Coupon Cards

Requested fundraising date/dates: Sept 16th to Oct 3rd

Vendor (if applicable) Adrenaline coupon Cards

Address City/State Telephone 888 621 5380

List specific items that will be sold: Discount Cards

Price per item: \$ 20⁰⁰ Will customer pay in advance? ~~no~~ yes

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

What will money raised from this fundraiser be used for? Student Activity Account

Westwood High School
FUNDRAISER FORM

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, Brenda Pool, 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] 7/24/2025
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