

WEST CHESTER AREA SCHOOL DISTRICT  
**Request for Fundraising Activity**

\*Please submit all request forms to the building principal of the fundraising group.

**DESCRIPTION OF FUNDRAISING ACTIVITY:** \_\_\_\_\_

\_\_\_\_\_

**GOAL OF FUNDRAISING ACTIVITY:** \_\_\_\_\_

\_\_\_\_\_

**Date(s) Requested:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **Finish Date:** \_\_\_\_\_

**Delivery Date(s) of items to be sold:** \_\_\_\_\_

**Delivery Location/Time:** \_\_\_\_\_

**NAME OF FUND RAISING GROUP: (PLEASE LIST THE APPROPRIATE CLUB OR ORGANIZATION)**

\_\_\_\_\_

**NAME OF PERSON REPRESENTING THE GROUP:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**ADDRESS OF PERSON REPRESENTING THE GROUP:**

\_\_\_\_\_

Street City State Zip

**SIGNATURE OF PERSON REPRESENTING THE GROUP:**

\_\_\_\_\_

*Group Tax ID#*

*NAME OF LICENSED FOOD HANDLER (IF APPROPRIATE) AND LICENSE NUMBER:*

\_\_\_\_\_

*In signing this application, the person representing the group or organization certifies to the Board of Education the following:*

1. **That he/she has been authorized by the group or organization to represent it.**
2. **That the "Policies Concerning Fundraising Activities" approved by the Board of Education have been read, understood and will be complied with.**
3. **That the group or organization agrees to indemnify and save harmless the West Chester Area School Board against any claims, damages or injuries sustained while using or as a result of using the premises herein applied for.**
4. **That the group has reserved the delivery location and time through the appropriate building principal.**

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OFFICIAL USE ONLY

**DATE RECEIVED:** \_\_\_\_\_ **APPROVED** \_\_\_\_\_ **NOT APPROVED** \_\_\_\_\_

**CONFIRMED WITH REQUESTING GROUP:** \_\_\_\_\_ **ENTERED IN SCHEDULE** \_\_\_\_\_

\_\_\_\_\_

**BUILDING PRINCIPAL OR DESIGNEE**