

Campus: \_\_\_\_\_ Organization: \_\_\_\_\_

Proposed Date(s) of Activity: \_\_\_\_\_ Proposed Location: \_\_\_\_\_

Campus Beneficiary: \_\_\_\_\_ Net Benefit to School (Estimate): \_\_\_\_\_

Proposed Use of Funds: \_\_\_\_\_

Provide a detailed description of the proposed activity:

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Has this organization conducted this fundraiser before?    Yes No

If yes, Net Profits Realized? \_\_\_\_\_

Activity Coordinator(s):

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

This form is to be completed and submitted to the Area Superintendent at least thirty (30) days prior to the date of the proposed activity. This form must be accompanied by a proposed budget that estimates the anticipated Net Benefit to School indicated above. The budget may be prepared using either: estimated revenues and expenses or actual historical data based upon a similar or same activity conducted during a prior year.

Prepared by \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
(Officer of Organization)

**FBISD**  
Sponsor \_\_\_\_\_ Date \_\_\_\_\_  
(Beneficiary Campus Organization)

Principal \_\_\_\_\_ Date \_\_\_\_\_

Area  
Superintendent \_\_\_\_\_ Date \_\_\_\_\_