**School Fundraiser – Special Exemption Request**

 Name of School:

Name of Organization(s) Requesting Exemption:

Contact Name: Phone:

Email:

Description of the requested fundraiser:

Date(s) of Fundraiser:

Items to be sold:

Location of Fundraiser:

Reason the funds are being raised:

I certify my fundraiser, if approved, will not operate anywhere on the school campus 30 minutes prior to until 30 minutes after the end of meal service.

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I certify my fundraiser, if approved, will not exceed 3 school days in length.

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I certify that my organization will maintain all required documents including food labels of products

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sold and receipts for my fundraiser. In addition, I will provide these documents to the school/district upon request.

Please complete this application and submit to:

You will be notified of the status of you request within days.

Internal Use Only:

🞎 Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date approved)

🞎 Denied, reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Approver: