

**LAS VEGAS CITY SCHOOLS
FUND RAISING PROJECT APPLICATION**

Name of Organization: _____ Date: _____

Sponsor/Officer(s): _____ Amount Anticipated From Project: _____

Purpose of Project:

Company Name of Fundraiser: _____ Company Phone #: _____

Company Contact Person: _____ Date of Project: From _____ to _____

Detailed description of project: (who will participate, how, when, etc.) Las Vegas City Schools **discourages** outright solicitation for donations from business and individuals.

** Only Las Vegas City School fundraisers that represent our district are ALLOWED on campus unless written approval from the superintendent is received prior. Initials _____

*** All sponsors/officer and a witness must count all money together and sign that money has been counted. **ALL money MUST be turned in within 24 hours from time of receipt and deposited to the respected account!!**

Under no Circumstances will exceptions be provided. Initial _____

**** Any funds attempted to be used for other purposes not identified above will not be permitted. Initials _____

***** If the above requirements are not met; The Superintendent has the authority to deny the purpose of the fundraiser and has the authority to re-allocate funds as he or she fills fit. Initials _____

Sponsor/Officer Signature: _____ Date: _____

Site Administrator Signature Recommendation: _____ Date: _____
Approved: _____ Disapproved: _____

Superintendent or Designee Signature: _____ Date: _____

****Superintendent and or Business Office may request additional documentation if amount projected is different than projected amount.***

THIS FORM MUST BE TURNED IN 10 DAYS PRIOR TO BEGINNING THIS FUNDRAISER ACTIVITY.