

MONTICELLO ATHLETICS FUNDRAISER REQUEST

Please complete this form and return it to the Athletic Director **at least 2 weeks prior to the start of your fundraiser**. Monticello High School (MHS) requires approval of all fundraisers. This form will also enable us to keep accurate records and avoid duplication of events.

Name of MHS Athletic Team/Activity: _____

Fundraiser Contact Name(s): _____

Email: _____ Phone: _____

Today's Date: __/__/____ Fundraiser starts on __/__/____ and ends on __/__/____.

Description of fundraiser:

Please CHECK ONE of the options below: *(Note: Any fund-raising activity involving MHS students or employees (i.e. coaches) or that represents an MHS athletic team or activity, but is sponsored by the Monticello Athletics Booster Club (MABC), must have the approval of the MHS Principal or designee, who determines whether funds raised must be receipted into the school activity accounts.)*

____ **OPTION I: MHS ACTIVITY ACCOUNT(S)**

Check this option if students and/or MHS employees (i.e. coaches) will be responsible for the organizing, purchasing, selling, or operating of the fundraiser, or if the fundraiser is supported by MABC without the MABC controlling or directing any aspect of the activity. Funds must be turned into the Athletics Office Associate for deposit and expenses disbursed through the MHS Activity Accounts.

Signature of Supervising Coach

Date

____ **OPTION II: MONTICELLO ATHLETICS BOOSTER CLUB ACCOUNT(S)**

Check this option if the fundraiser is sponsored by the MABC, which will accept full responsibility for controlling and managing the funds for this fund raising activity. This includes organizing, purchasing, selling, operating, accounting and paying all obligations for the fundraiser. All deposits and disbursements related to the fundraising event will be handled by the MABC Treasurer. The MABC's guidelines related to handling finances apply.

Signature of Supervising Coach

Date

Signature of MABC Treasurer

Date

MHS/ATHLETICS OFFICE USE:

Received by: _____

Date: _____

____ Approved ____ Denied By: _____

Date: _____

Comments: