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: