

WAYLAND UNION SCHOOLS

Registration of Fundraising Group

Any Organized Group Planning to Fundraise Must Register!

2017-18

Name of Organized Group: _____

Home Building: _____

Advisor's Name: _____

Group's Purpose: _____

Main fundraising Needs: _____

Trust and Agency Acct #: _____

Current Number of Participants: _____

Annual Budget (Please provide information for current year 16-17)

Budget Needed for 16-17 \$ _____

Casino Funds for 16-17 (-) \$ _____

Funds raised to-date 16-17 (-) \$ _____

Balance \$ _____ (this might be a negative number)

Advisor Signature: _____

Date: _____

Building Administrator: _____

Date: _____

Return as soon as possible to the Director of Finance and Operations for 17-18 registration and approval to fundraise to include **ONE** door-to-door fundraiser **if approved.**

WAYLAND UNION SCHOOLS
Application for Fundraising Project

Section I – To be completed by person requesting funds.

Application date (must be minimum of 25 school days prior to event): _____

Date of New Fundraiser _____

Is this your group's allowed (1) door-to-door event? Yes No

Name of Person/Group requesting fundraiser: _____

Name of Advisor who will be on site for Fundraiser: _____

Amount expected to be generated by fundraiser: \$ _____

Date funds are needed: _____

Specifically, what will funds be used for: _____

Has this fundraiser been conducted within the last calendar year? Yes No

If **YES**: Date of Previous Fundraiser: _____

If **NO**: Describe rationale for fundraiser request: _____

Location of Fundraiser: _____

Describe Fundraiser: _____

Name of building administrator funds will be requested from: _____

If this fundraiser requires any state gaming licenses, they must be attached to this application when submitted for approval, or the application will be considered incomplete and will be returned.

All information within this form must be completed before sending application to building administrator.

Incomplete forms will be returned.

Signature of Applicant: _____

WHEN YOUR APPLICATION HAS RECEIVED APPROVAL YOU ARE RESPONSIBLE FOR SCHEDULING THE ACTIVITY THROUGH SCHOOLDUDE (if space is needed to hold the activity)!

****Date you successfully scheduled through SchoolDude: _____**

Section II – To be completed by Administrator within 3 school days of application submission.

Organization fiscal year budget (as submitted on annual registration)	= \$ _____	A
Casino funds (if any) for current fiscal year	(-) = \$ _____	B
Funds raised to date via other fundraisers this fiscal year	(-) = \$ _____	C
Funds expected to be raised by this fundraiser	(-) = \$ _____	D
Balance yet needed to meet annual organization goals	= \$ _____	E
(A-B-C-D=E) (SECTION MUST BE COMPLETED IN FULL)		
Date of budget verification: _____		
Signature of Administrator: _____		
<i>Forward signed form to Director of Finance and Operations</i>		

Section III – To be completed by Director of Finance and Operations.

Budgets verified for fund request:	
Building budget:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trust & Agency:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Application determination:	
<input type="checkbox"/>	Approved to allow fundraiser (no funds allocated)
<input type="checkbox"/>	Alternative funds allocated
	Account to be charged: _____
	Account # _____
<input type="checkbox"/>	Denied Reason: _____
<input type="checkbox"/>	Refer to Fundraising Committee
Date of determination: _____	
Signature of Director of Finance and Operations: _____	

FUNDRAISING COMMITTEE

Application request: Approved Denied WUS Calendar

If denied, reason: _____

If approved, total amount of funds to be allocated: \$ _____

Signature of Committee Chairperson: _____ Date: _____

Signature of Director of Finance and Operations: _____ Date: _____