**CAB CALLOWAY FUND RAISING APPLICATION FORM**

**(Complete by clicking in grey area then submit via email)**

* **All fundraising activities must be pre-approved by Dr. Hocking at least TWO WEEKS in advance.**
* **Candy sales (M&M’s, Reese’s pieces or other similar items) are not permitted.**
* **No student is allowed to sell candy in school for an outside organization.**
* **Any items of a religious nature cannot be approved.**
* **A fund raising representative may make a presentation to a student group only after approval for the fundraiser has been granted.**
* **Fundraising is a privilege. Failure to comply with school policies will result in the loss of fundraising privileges.**
* **NO DOOR TO DOOR OR NEIGHBORHOOD CANVAS SALES ARE PERMITTEED!**

**ORGANIZATION**: Click here to enter text.

**FUND RAISING ACTIVITY:** Click here to enter text.

**DATE OF ACTIVITY: START** Click here to enter a date. END Click here to enter a date.

**PRODUCT (specify brand name):**Click here to enter text.

**COST TO GROUP**:Click here to enter text. **SALE PRICE:** Click here to enter text.

**PROFIT PER SALE:** Click here to enter text.

**VENDOR:** Click here to enter text. **ADDRESS:** Click here to enter text.

**PHONE NUMBER**: Click here to enter text.

**SALES CAMPAIGN**

In School Only Membership/Family/Friends

**Other (please specify):** Click here to enter text.

**PURPOSE** Click here to enter text.

**(Typing name indicates signature understanding)**

**ORGANIZATION PRESIDENT SIGNATURE** Click here to enter text.

**ADVISOR SIGNATURE (required)** Click here to enter text.

**DATE OF APPLICATION SUBMISSSION/RECEIPT**: Click here to enter a date.

**FUNDRAISER APPROVED**  **FUNDRAISER** **DENIED**

**DATE FOR WHICH THIS ACTIVITY IS APPROVED:** Click here to enter a date.

**(Please note that this date may differ from the requested date!)**

**ADMINISTRATOR SIGNATURE** **DATE APPROVED**