Regional School Unit 25
Fundraising Information & Approval Form

Fundraising activities by students, school-affiliated organizations and community groups in support of the schools and school activities must be approved in advance by the Superintendent of Schools and comply with RSU 25 policies.

Date of Submittal: _____/_____/_____

Contact person: ____________________________________________
Daytime phone: ___________________________ Email: ___________________________

Name of the group organizing the fundraising activity: ____________________________

Date(s) of the activity (from): ___________________________ to: ___________________________

Please outline your fundraising plan:

a. Activity: ____________________________________________
b. Expected expenses: ___________________________________________
c. Expected earnings (net expenses): ____________________________
d. Intended use of the money? ____________________________
e. Current balance in group’s account: ____________________________
f. Total Fundraising Goal: ____________________________

Who will be asked to participate in your activity, purchase goods, attend event? (Please check all that apply)

☐ Students, grades: ____________________________
☐ Parents
☐ Local businesses
☐ Alumni
☐ Event attendees (ticket sales)
☐ Other (please explain): ____________________________

Does your plan involve students soliciting donations or purchases?   ☐ Yes   ☐ No

Does your plan include the sale or distribution of food, beverages, or branded items (clothing, logo items)?

☐ Yes    ☐ No  (If yes, please provide short description of fundraising activity)

Are there any contracts to be signed?   ☐ Yes   ☐ No
If yes........(please provide a copy of the contract)

a. Who is the contract between? ____________________________
b. Who is expected to sign the contract? ____________________________

Have you checked to see if there are any other fundraising activities scheduled for the same time within RSU 25?

☐ Yes    ☐ No

Approval: ____________________________ Date: _____/_____/_____

Superintendent

CC: Building Principals, PTO, AABC