

### Request to Conduct Fund Raising

School: \_\_\_\_\_ PTA President: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Check  all that apply:

- 1. On Campus Sale  
(During school hours - includes from midnight the night before to 30 minutes after dismissal.)  
**\*Nutrition Values for all On-CAMPUS sales of FOOD/DRINK(s) MUST be submitted to Child Nutrition PRIOR to submission to Business Services.**
- 2. Early Morning / Night Event (ON-Campus Sale-**ONLY** 30 minutes after dismissal.)
- 3. Off Campus Sale

Item Description
Description of item(s) being sold: _____ _____ _____
PLEASE SUBMIT NUTRITION INFORMATION AND SERVING SIZES FOR ALL ITEMS BEING SOLD.

Dates of Fundraiser: \_\_\_\_\_ to \_\_\_\_\_ PTA Association Approval: \_\_\_\_\_

PTA President: \_\_\_\_\_ Date: \_\_\_\_\_

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	_____	_____
		Child Nutrition	Date
<b>FOR CHILD NUTRITION OFFICE USE ONLY</b>			