

Campus/Department: \_\_\_\_\_

Date of Request: \_\_\_\_\_

### Weslaco Independent School District Request for Approval of Food/Beverages/Fundraiser

A fundraising group shall complete this form and get prior approval by the campus principal before sending this form to the Food & Nutrition Services Department for approval.

Campus Activity  Student Activity  PTO Activity  Other

Fundraising Organization Group: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

(If this is a student activity, please list the sponsor's name)

**A. IN-SCHOOL CAMPUS FUNDRAISER:** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

(Must meet all nutritional and time and place regulations)

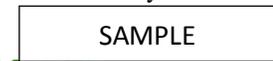
Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Location of Fundraiser: \_\_\_\_\_

This will be an on-going fundraiser for this school year.

#### A1. Complete this section for In-School Campus Fundraiser

Product(s) (as sold including accompaniments)	Serving Size (as sold)	Have Nutrition Label?	Have Ingredient Statement?	Vendor
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	



Nutrition Facts	
Serving Size 8 fl. oz. (240 mL)	
Servings Per Container 7	
Amount Per Serving	
Calories 110	Calories from Fat 0
<b>% Daily Value*</b>	
<b>Total Fat</b> 0g	<b>0%</b>
<b>Sodium</b> 10mg	<b>0%</b>
<b>Potassium</b> 450mg	<b>13%</b>
<b>Total Carbohydrate</b> 26g	<b>9%</b>
Sugars 22g	
<b>Protein</b> 2g	<b>0%</b>
Calcium 35% • Iron 0% • Vitamin C 120%	
Vitamin D 25% • Niacin 4% • Thiamine 10%	
Vitamin B6 6% • Folate 15%	
Not a significant source of calories from fat, trans fat, saturated fat, cholesterol, dietary fiber, vitamin A and iron. Percent Daily Values are based on a 2,000 calorie diet.	
Ingredients: Organic orange juice, tricalcium citrate, and Vitamin D3.	

Nutrition Label

Ingredient Statement

**B. OTHER SCHOOL CAMPUS FUNDRAISER:** Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

This is a fundraiser involving non-compliant items intended to be sold off the school campus or 30 minutes after the end of the instructional day. List item(s) to be sold \_\_\_\_\_

Campus End of Instructional Day (Time): \_\_\_\_\_ p.m.

Non-Compliant items will be distributed to:  Students  Parents

Date of Distribution: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**NOTE:** DO NOT complete this form for the sale of food and/or beverages sold after school at school games at the gyms or stadiums.

Signature of Sponsor

Date

Signature of Principal

Date

Complete this request form four weeks prior to activity with required documents and submit via email to [dpena@wisd.us](mailto:dpena@wisd.us), fax to 969-6596 or hand carry to the Food & Nutrition Services Department office located at 700 S. Bridge St., Weslaco, TX 78596.

<p><b>Food Service Office Use:</b></p> <p>Received by: _____ Date: _____</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied By: _____ Date: _____</p> <p>Comments: _____</p>	<p><b>Compliance Auditor:</b></p> <p>Received by: _____ Date: _____</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied By: _____ Date: _____</p> <p>Comments: _____</p>
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