

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	

SAMPLE
100% JUICE

Nutrition Facts
Serving Size 8 fl. oz. (240 mL)
Servings Per Container 7

Amount Per Serving
Calories 110 Calories from Fat 0
% Daily Value*

Total Fat 0g 0%
Sodium 10mg 0%
Potassium 450mg 13%
Total Carbohydrate 26g 9%
Sugars 22g
Protein 2g 0%

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.

Nutrition Label

Ingredients: Organic orange juice, tricalcium citrate, and Vitamin D3.

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, fax to 969-6596 or hand carry to the Food & Nutrition Services Department office located at 814 E. Plaza, Weslaco, TX 78596.

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