

Check here for tax free sale

Iraan-Sheffield ISD

APPLICATION FOR FUNDRAISER

Organization _____ Date _____

Sponsor/Teacher Name _____

Dates of Sale: From _____ To _____

For what purpose will the proceeds be used? _____

Items to be sold: _____

Will community solicitations be involved? _____

Company/Vendor: _____

Address: _____ Salesperson: _____

City: _____ Telephone: _____

State, Zip: _____ Fax: _____

I understand that as sponsor/teacher, I am personally responsible for all money, sales, and audit. I am also familiar with the school and district policies regarding the sale of merchandise at school and in the community. The organization will sell only during the specified time as authorized by the principal.

Sponsor/Teacher Signature

Date

Approval: Principal's Signature

Date

ISISD – SAFE – Form AA