

EL DORADO UNION HIGH SCHOOL DISTRICT

SCHOOL SUPPORT ORGANIZATION

Fund-Raising Request and Authorization

School: Oak Ridge High School Date: <submit date>
 Applicant Organization: SPORT TEAM Phone: 916-933-6980 x1044
 Starting Date: <event start> Finishing Date: <event end>
 Address: 1120 Harvard Way, EDH, CA 95762 Delivery Date: <if applicable>
 Requested By: <coach name> Phone: <coach phone (not classroom)>
 Advisor Name: <coach name> Office Held: _____
 Address: <school address>

Purpose of fund-raiser (attach additional sheet if necessary): < what will money be spent on >
ie, General team expenses.

Is fund-raiser in school? Yes No Is fund-raiser in community? Yes No

Description of fund-raiser (attach additional sheet if necessary): _____

What is being sold? _____

Is money collected? Yes No Are orders being taken? Yes No

Will money go into the ASB account? Yes No (if ORSB related)

Which account will it go into? Oak Ridge Sports Boosters

Estimated income: \$ _____ Estimated expenditure: \$ _____

Authorization Holder agrees to indemnify and save harmless the El Dorado Union High School District, its officers, agents, and employees, and against any and all claims, demands, and causes of action that may be made or brought against the School District, its officers, agents, and employees, caused by, arising out of, or in any way connected with the use by Authorization Holder of the El Dorado Union High School District facility or the exercise of the privilege herein granted.

SIGNED (agent of organization): < coaches signature > Date: _____

TO BE COMPLETED BY SCHOOL PERSONNEL

Special Instructions: _____

Principal: _____ Date: _____ APPROVED DENIED