

SOUTHLAND INDEPENDENT SCHOOL DISTRICT

Fund Raising Application

Campus: _____

Organization: _____

Beginning sale date: _____ Ending sale date: _____

Description of product(s): _____

Who will do the selling: _____

Where: _____

Vendor name: _____ Phone: _____

Vendor address: _____

Expected net income: \$ _____

I am familiar with the school and district policies regarding the sale of merchandise at school and in the community. I accept responsibility for the Sales Tax collection and cash collections involved.

(Signature of Sponsor)

(Approval of Principal)

- 1 copy - principal
- 1 copy - business manager
- 1 copy - activity sponsor