WESTWOOD INDEPENDENT SCHOOL DISTRICT

Authorization to Conduct Fund Raising Event

Organization: Activity Fund Campus: Primary Date Submitted: 8/7/26

Fundraising Event: Meet Teacher Pictures Requested Date(s): 8/17/26

Vendor (if applicable): _____

Address City/State Telephone

Items to be Sold: Pictures

Price per Item: $ 5.00 Will Customers Pay in Advance?: yes

Minimum profit to organization: 50% (explain if less): _____

If no vendor is involved, list event location: Primary

Estimated start-up cost to organization: $ N/A

Price charged to customers: $ _____

Will donations be accepted? ☑ Yes ☐ No

I, L. Smith, am submitting this fundraising request prior to the start of any fundraising activities. I understand that I am responsible for ordering and distributing merchandise, collecting all funds, and submitting those funds to the office for deposit into my activity account. At the conclusion of the fundraiser, I will complete this form and return it to the campus office.

PERMISSION IS GRANTED TO CONDUCT THIS EVENT:

Kayla Warren 8/7/26 / _____ _____

Campus Principal's Signature Date WISD Superintendent's Signature Date

Total proceeds collected: $ _____ **Total deposited into activity account: $** _____

Total vendor invoice: $ _____

Expenses incurred for fundraiser (advertising, t-shirts, supplies, etc.): $ _____

Total profit to organization: $ _____

I, _____, understand that these funds will not be available until this form is completed and returned to the campus office.