

Katy Independent School District
**Request for Approval of Fund-Raising Activity by
 a Parent Organization or Booster Club**

(If additional space is needed, please attach additional pages to the form.)

| | | |
|--|--|--------|
| Name of Organization/Support Group | | Campus |
| Fund-Raising Activity/Project | | |
| Purpose | | |
| Scope of Solicitations: | | |
| Student Incentives (if applicable): | | |
| Date(s) of Project | Length of Project | |
| Expected Profit | | |
| Project Chairperson | Daytime Phone | |
| Project Financial Person | Daytime Phone | |
| Vendor | | |
| Vendor's Address | Vendor Representative | |
| | Phone Number | |
| Organization Chairperson's Signature | | Date |
| Campus Athletic Coordinator or Fine Arts Director | | Date |
| Campus Principal | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| Executive Director of Athletics' or Fine Arts Signature | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| Katy ISD Marketing & Advertising Coordinator | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| Assistant Superintendent for School Leadership and Support | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| Associate Superintendent of Administration, Governance and Legal Affairs | <input type="checkbox"/> Approved <input type="checkbox"/> Denied | |
| Comments | | |

(Submit this form with copies of all documentation and specifications to the campus principal one month prior to the proposed fundraiser for approval.)

A copy of the completed form with the final decision will be forwarded to the organization or booster club.