

The Student Body of:		PTA/PTO Legal (Registered) Name:	
Date:	PTA/PTO IRS FEIN Number:	PTA/PTO Telephone:	
Request to hold a fundraising activity:			
Sponsor:	ASB (Student Body)* <input type="checkbox"/> Club** <input type="checkbox"/> PTA*** <input type="checkbox"/> PTO*** <input type="checkbox"/> Cooperative (ASB & PTA)**** <input type="checkbox"/> Cooperative (ASB & PTO)**** <input type="checkbox"/>		
*100% of proceeds must go to ASB ** Public appeal (activity not restricted to club members & their immediate families) must be split 50/50 with ASB ***100% of proceeds can go to PTA/PTO **** Proceeds must be split between ASB and PTA/PTO (% determined by the ASB prior to event)			
Distribution of Proceeds:	ASB Share: _____ % Club Share: _____ % PTA/PTO Share: _____ %		
Purpose of Fundraiser:			
Description of Fundraiser:			
Details of Fundraising Activity:			
Begin Date: _____ End Date: _____ (Fundraising activities should not exceed 3 consecutive weeks)		On Campus: Yes <input type="checkbox"/> No <input type="checkbox"/> Specific Location: _____	
Time of Day: _____ (Fundraising activities cannot occur during instructional time)		_____ _____	
If “On-Campus”, is any third party vendor/business involved? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide name of vendor/business and description of services provided: _____ _____			
Approved in Student Body Council Meeting of: Date: _____ Minutes are attached to this Request.			
Signature of Principal (Required) _____		Date _____	
Signature of ASB Treasurer (Required for Secondary) _____		Date _____	
Signature of Financial Manager (Required for Secondary) _____		Date _____	
Signature of President, Local PTA/PTO (if involved): _____		Date _____	
10 th /31 st District PTA _____		Date _____	
After completion, please submit to fundraising website (fundraising@lausd.net) 3 weeks prior to the event.			
SBFS Approval - ASB Event/Activity: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Comments: _____			
PTO/PTA Registration Status Current/Registered with State DOJ? <input type="checkbox"/> Yes: <input type="checkbox"/> No Date Checked: _____			
SBFS – PTA/PTO Event/Activity: <input type="checkbox"/> Approved as to process <input type="checkbox"/> Not Approved Comments: _____			
Coordinating Financial Manager Signature: _____		Date: _____	
Other Approvals (if applicable): M&O: _____		Date: _____	
OEHS: _____		Date: _____	
If “On-Campus” and shared with PTA/PTO, required Leasing and Space Utilization for license agreement. Application is route to facility for approval. If PTA involved, school or local PTA forwards to 10th or 31 st PTA who will sign and then return back school or Local PTA. For ASB or cooperative, if “On-Campus” and Third Party Vendor/Business is involved, application is route to Risk Mgt for approval.			