Blue Oak Charter School Fundraiser & Facility Use Application Applications need to be submitted 5 day in advance of date(s) requested to the Executive Assistant					
General Information					
CONTACT PERSON / NAME OF A	PPLICANT: _				
IDENTIFY YOURSELF AS ONE OF	THE FOLLOV	VING (CIRCLE):			
STAFF TEAC	CHER	PARENT/GUARDIAI	N OTHER		
EMAIL ADDRESS:					
ADDRESS:					
PHONE NUMBER:					
		<u>Event</u>			
PROPOSED TITLE OF FUNDRAIS	ER:				
RAISING FUNDS FOR:					
BRIEF DESCRIPTION OF FUNDRA					
PROPOSED EVENT DATE(S):					
PROPOSED TIME(S) OF EVENT:					
			H THIS EVENT (CIRCLE): Yes No		
		<u>Location</u>			
PROPOSED LOCATION (Circle):	Blue	Oak Campus	Off Campus:		
IF OFF CAMPUS PLEASE PROVID	DE:				
Name of location:					
Address of location:					
BLUE OAK CAMPUS (Complete o	nly if requesti	ng to use Blue Oak Fa	cility/Campus):		
ROOMS REQUESTED (Circ	cle):				
Great Room	Kitchen	Library	Classroom(s) #		
Band/Meeting	Other:				
ESTIMATED # OF PARTIC	IPANTS:				
PLEASE CIRCLE ALL THA	T APPLY:				
Food will be served	Extension	cords will be needed	Request help with setup		
Request help with cleanup	Request help with cleanup Equipment needed: Cash box				
STAFF MEMBER RESPONSIBLE F	OR LOCKUP:				

PROCEDURES FOR CLOSING THE SCHOOL

- \rightarrow Ensure two people remain on campus.
- \rightarrow Walk the building and check the following:
 - Exterior doors are locked and closed tight
 - Lights are turned out
 - Food items have been disposed of properly
- → Ensure front doors are locked upon your final exit
- →

Fundraising

RAISING FUND FOR (Circle):

	General Fund	Parent Council	Library	(Garden		
	Classroom fund (te	acher name)					
FUNDRA	SING GOAL (appro	x. amount):					
EXPENSE	S AMOUNT YOU A	NTICIPATE (approx	. amount):				
WILL REI	MBURSEMENT FOR	R EXPENSES BE NEI	E DED (Circle) : Y	′es I	No		
(Al	LL PURCHASES MUS	T BE PREAPPROVED	BEFORE REIMBUR	SEMEN	Т)		
HAVE YO	U BEEN TRAINED	ON OUR CASH HAN		URES	(Circle):	Yes	No
WILL YOU	U NEED A CASH BA	ANK TO MAKE CHA	NGE (Circle)?	Yes	No		

WILL YOU BE SEEKING DONATIONS FROM BUSINESSES (Circle): Yes No

Solicitation of the larger community should be limited to those with a direct connection with the class. If a parent has a business, works for a business, or has a close personal connection with a business then these would qualify. Letters with the tax id will be issued directly from the front office. This will help us make sure we are coordinating fundraising efforts.

IF YES, PLEASE LIST ALL BUSINESSES THAT WILL BE APPROACHED:

NOTE: If a tax donation letter will be needed please provide the address, manager or contact person, date of donation, and description of donated items on a seperate sheet of paper.

<u>Publicity</u>

All publicity items, order	forms, event applic	ation or other affiliate	d documer	nts/foi	rms asso	ciated with	ו your
event must be approved	by administration k	pefore they are posted	on site, of	ff site,	and/or o	on social m	edia.
POSTER FOR APPROV	AL HAS BEEN AT	FACHED (Circle):	Yes	No	Emailed		
ANY ADDITIONAL DOC	UMENTS OR ORD	ER FORMS HAVE BE		CHED	(Circle):	Yes No	Emailed
REQUEST PROMOTION	OF EVENT (Circle	all that apply):					
Website	Facebook	Instagram	Parent So	quare	/	ACORN	
WHO WILL BE LISTED AS THE CONTACT PERSON FOR QUESTION:							

NAME: _____ CONTACT: _____

REQUEST EVENT BE SUBMITTED TO COMMUNITY CALENDARS OF APPROVED PUBLICATIONS

(Circle): Yes NO

NOTE: In order to be submitted to community calendars such as Growing Up Chico, North State Magazine, and CN&R, application must be received and approved before the 10th of the month prior to the event.

PRINT NEEDS: SIZE _____ QUANTITY _____

Please connect with the facilities manager for assistance regarding the appropriate way to affix posters to school surfaces. Masking tape is allowed, pushpins are only allowed in cork boards.

My signature certifies that I shall be a responsible leader during this event. I will notify the appropriate administrative staff of any incidents and / or issues that occur during the event. I will lead my event attendees in upholding all school rules and policies. If the event is on campus I will make sure the procedures for closing the school are followed. I am aware that any cancellation of my event must be made at least 24 hours in advance.

APPLICANT SIGNATURE:	APPLICATION DATE:		
FOR OFFICE USE ONLY			
 School Calendar shows no conflicts with this request for use Event put on School Calendar Applicant notified 			
School Administrator Approval Signature	Date:		