

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 APPLICANT: _____

IDENTIFY YOURSELF AS ONE OF THE FOLLOWING (CIRCLE):

Staff Teacher Parent/Guardian Other: _____

EMAIL ADDRESS: _____

ADDRESS: _____

PHONE NUMBER: _____

Event

PROPOSED TITLE OF FUNDRAISER: _____

RAISING FUNDS FOR: _____

BRIEF DESCRIPTION OF FUNDRAISER: _____

PROPOSED EVENT DATE(S): _____

PROPOSED TIME(S) OF EVENT: _____

I HAVE CHECK THE COMMUNITY CALENDAR FOR CONFLICTS WITH THIS EVENT (CIRCLE): Yes No

EXPLAIN ANY CONFLICTS AND HOW THEY WILL BE RESOLVED: _____

Location

PROPOSED LOCATION (Circle): Blue Oak Campus Off Campus

IF OFF CAMPUS PLEASE PROVIDE:

Name of location: _____

Address of location: _____

BLUE OAK CAMPUS (Complete only if requesting to use Blue Oak Facility/Campus):

ROOMS REQUESTED (Circle):

Great Room Kitchen Library Classroom(s) # _____

Band Room Meeting Room Other: _____

ESTIMATED # OF PARTICIPANTS: _____

PLEASE CIRCLE ALL THAT APPLY:

Food will be served Extension cords will be needed Request help with setup

Request help with cleanup Other equipment needed: _____

STAFF MEMBER RESPONSIBLE FOR LOCKUP (required): _____

PROCEDURES FOR CLOSING THE SCHOOL

- Ensure two people remain on campus.
- 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 (teacher name) _____

FUNDRAISING GOAL (approx. amount): _____

EXPENSES AMOUNT YOU ANTICIPATE (approx. amount): _____

WILL REIMBURSEMENT FOR EXPENSES BE NEEDED (Circle): Yes No

(All purchases must be pre-approved before request reimbursement)

HAVE YOU BEEN TRAINED ON OUR CASH HANDLING PROCEDURES (Circle): Yes No

WILL YOU NEED A CASH BANK/BOX TO MAKE CHANGE (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 by the Executive Assistant for this purpose. Please provide the address, manager or contact person, date of donation, and description of donated items on a separate sheet of paper.

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

Publicity

All publicity items, order forms, event application or other affiliated documents/forms associated with your event must be approved by administration before they are posted on site, off site, and/or on social media.

POSTER FOR APPROVAL HAS BEEN ATTACHED(Circle): Yes No Emailed

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.

ANY ADDITIONAL DOCUMENTS OR ORDER FORMS HAVE BEEN ATTACHED(Circle): Yes No Emailed

REQUEST PROMOTION OF EVENT (Circle all that apply):

Website Facebook Instagram ACORN

Blue Oak Community Calendar North State Parent Magazine Event Calendar

WHO WILL BE LISTED AS THE CONTACT PERSON FOR QUESTION:

NAME: _____ CONTACT: _____

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: _____

Notes:

FOR OFFICE USE ONLY

- Blue Oak School/Community Calendar shows no conflicts with this request for use
- Event put on School Calendar/Community Calendar
- Applicant notified

School Administrator

Approval Signature: _____

Date: _____