

MEDWAY PUBLIC SCHOOLS

Office of the Superintendent
45 Holliston Street
Medway, MA 02053



FUNDRAISING ACTIVITY REQUEST FORM

Organization: _____ Date Submitted: _____

Contact Person: _____ Role/Title in Organization: _____

Email: _____ Phone: _____

Proposed project and purpose: _____

Fundraising Period: From _____ To: _____

Location of Fundraiser: _____

Targeted Revenue: _____ Anticipated Costs: _____ Net: _____

(if known)

Funds to be used for: _____

(Use other side if needed)

- Community Benefit* School/District Benefit*
- Athletic Fundraiser -(Form to be submitted to Mr. Parcels 2 weeks prior to event)

*Reminder: Fundraising activities may take place only with prior permission of the Superintendent's Office and must follow the guidelines below:

- Fundraisers that are ongoing, (i.e. boxtops for education) will be considered for approval at the beginning of each school year.
- The fundraising in schools is not excessive.
- The fundraising is appropriate and conforms to the core values of the Medway Public Schools and School Committee policies.
- All necessary permits must be obtained prior to the activity.
- Students are prohibited from participating in the sale or raffle of alcohol.
- Students are prohibited from any fundraising event that will involve alcohol consumption, or any type of gambling.

For safety reasons door-to-door solicitations by students are strongly discouraged. Door-to-door solicitations are to be limited to relatives, friends, and known neighbors of students. If students are involved in solicitations, such activities will proceed under close adult supervision.

By signing this, I agree to the guidelines above.

By signing this, I approve the fundraising activity.

Requestor's Signature

Date

Administrator's Signature

Date