

**Tulare Joint Union High School District
Board Authorized School Connected Organizations
Fundraiser Planning Form**

School Site: _____

Name of Organization: _____

Mailing Address: _____

Fundraiser	Location	Estimated Date	Student Involved in Sales: Y/N	Estimated Gross Revenue
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

* The Organization must submit an individual Request for Approval of Fundraising Activity Form for each fundraising activity no later than three (3) weeks prior to the activity start date.

*Attach additional pages, if necessary

Completed by: _____ Date: _____

Please return completed form to: Tulare Joint Union High School District
Business Office
426 North Blackstone Street
Tulare, CA 93274
(559) 688-2021 Phone
(559) 656-8079 Fax
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