



Ridgefield Boosters

PARENT GROUP ACTIVITY/ FUNDRAISING REQUEST FORM

***Must receive written Booster Approval prior to fundraiser planning, communication, and start.**

Ridgefield Boosters Approval: Yes No

Ridgefield Boosters Board Signature: _____ Date: _____

Today's Date: _____ Method Submitted: Boosters Box US Mail Other _____

Parent Group Name: _____

Parent Group Representative: _____

Parent Group Representative Phone: _____ Email: _____

Start Date and End Date for Activity/Fundraiser: _____ to _____

Suggested Location of Activity/Fundraiser: _____

Describe Your Suggested Parent Group Activity/Fundraiser (include details such as auction, raffle, food source, alcohol served, etc.). Attach any supporting documents.

Reason for fundraiser/activity: _____

Initial all that apply:

ACCEPTABLE

- ___ Operate solely under the direction of the Boosters Parent Group.
- ___ When using district facilities, must follow RSD/RHS/Boosters Policies.
- ___ Money raised cannot be mingled with RHS ASB.
- ___ Activity conducted under the direction and supervision of the Ridgefield Boosters.
- ___ Activity must be pre-approved by the Ridgefield Boosters.

UNACCEPTABLE

- ___ Students provide direct services in the fundraising activities.
- ___ Materials/inventory are purchased by RHS ASB, RHS holds inventory/goods for sale.
- ___ Parent Group uses school name without the use of Ridgefield Boosters name.
- ___ RSD/RHS personnel are involved during structured school hours.

- I understand that it is my responsibility to follow guidelines as highlighted above and as discussed by the Ridgefield Boosters. Failure to do so will result in forfeiture of monies raised by this activity/fundraiser to the Ridgefield Boosters General Fund or to the RHS ASB.
- I further understand that failure to comply with Boosters directions and guidelines could result in termination of the Parent Group with account balances transferred to RHS ASB.
- I have discussed this activity/fundraiser with Coach/Advisor and have received approval from RHS Administration.

Parent Group Representative Signature: _____ Date: _____

Parent Group Coach/Advisor Signature: _____ Date: _____

RHS Administration Signature: _____ Date: _____

- Approval or disapproval notification from the Ridgefield Boosters announced the 3rd Friday of the month.

Return completed form one of three ways:

- ① Ridgefield Boosters Box located in the RHS Athletic Office
- ② US Mail at P.O. Box 129, Ridgefield, WA 98642
- ③ Scanned Copies accepted in addition to submission of original documents.

QUESTIONS?

- Debbie McGravey, Ridgefield Boosters President 360.719.0402 Or email rhsboosterpresident@gmail.com
- Misty Harrison, Ridgefield Boosters Vice-President 360.606.7969 Or email at misty.harrison@gmail.com