

Competitive Food Fundraiser Application

(Reminder: Approved competitive foods fundraising activities will not be allowed during the hours of 7:00-8:45 AM and 11:00 - 1:00 PM)

School: _____ **Organization:** _____

Lead Person(s): _____

Type of Food Fundraiser: _____

Food Vendor: _____

Dates of fundraiser: _____

Number of Students participating in fundraising event: _____

Where fundraising efforts will occur: _____

How will this fundraising event benefit the students participating:

Number of competitive food fundraising events conducted by this organization during the present school year: _____

Approved ____ **Denied** ____
Principal's Signature _____ **Date** _____

Approved ____ **Denied** ____
Central Office Signature _____ **Date** _____