

WAYLAND UNION SCHOOLS

Registration of Fundraising Group

Any Organized Group Planning to Fundraise Must Register!

2017-18

Name of Organized Group: _____

Home Building: _____

Advisor's Name: _____

Group's Purpose: _____

Main fundraising Needs: _____

Trust and Agency Acct #: _____

Current Number of Participants: _____

Annual Budget (Please provide information for current year 16-17)

Budget Needed for 16-17 \$ _____

Casino Funds for 16-17 (-) \$ _____

Funds raised to-date 16-17 (-) \$ _____

Balance \$ _____ (this might be a negative number)

Advisor Signature: _____

Date: _____

Building Administrator: _____

Date: _____

Return as soon as possible to the Director of Finance and Operations for 17-18 registration and approval to fundraise to include **ONE** door-to-door fundraiser **if approved.**