

Adams-Friendship Area School District

Food Fundraiser Form

Date of Request: _____ School: _____

Requestor (advisor/Rep in Charge): _____ Phone/Ext: _____

Name of Fundraiser Group: _____

Describe the Fundraising Activity and what will be sold: _____

First Day of Fundraising: _____ Last Day of Fundraising: _____

Times items will be sold during the school day - Start time: _____ End Time: _____

Purpose for which the funds will be used: _____

Additional Comments: _____

** Requestor (advisor/Rep in charge) Signature: _____ Date: _____

** School Principal Approval: _____ Date: _____

**** APPROVAL SIGNATURE REQUIRED BEFORE RETURNING TO NUTRITION DIRECTOR**

Food/Nutrition Director Approval: _____ Date: _____

These are USDA Smart Snack Fundraising requirements. Please respect them. If you have questions or concerns about the requirements, I can provide information. Each school group is allowed 2 approved fundraising activities per year, lasting no longer than 2 weeks; the approved fundraisers are not required to be Smart Snack compliant, but they cannot compete with meal service times.

Any questions or Concerns please contact: Rosy Doyle (608) 339-3921 Ext. 1113, doyle_r@afasd.net

