



Sports Camp Fundraiser Authorization

School: _____ Date: _____

Group requesting permission: _____

Camp Dates: _____

Camp Coordinator _____ Phone #: _____

Description of proposed Camp:

Will Group/Organization receive school equipment or materials as part of this fundraising activity?

Yes No

Attach a list of specific equipment or materials that will be received as a result of this fundraiser activity.

Purpose/Need of Fundraising Activity:

Date(s) of Fundraiser: Begin _____ End _____

Anticipated Number of Participants: _____

Individual Participant Cost: \$ _____ Team Cost: \$ _____

Where will camp take place? _____

Proposed use of Funds Raised:

Will any type of technology devices or equipment be received as a result of this fundraising activity?

Yes No

If yes, approval from the Director of Technology is required. Attach a list of specific technology equipment or devices that will be received due to this fundraising activity and submit to the Director of Technology.

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Method by which school will receive profit: _____

Margin of Profit (if applicable): _____

SBAA Account #: _____

Current Balance of Account: \$ _____

Liability Insurance Provider (for non-ORS student participation): _____

Cost: \$ _____ Anticipated Purchase Date: _____

Proof of required liability insurance must be submitted to the building principal & Executive Director of School Leadership prior to the start of camp.

Anticipated Collections: \$ _____

25% of collections less fixed expenses will be transferred to General Athletics account

Anticipated Expenses:

Liability Insurance for non-ORS students: \$ _____

Maint/Custodial Fees - ORS Facility Usage: \$ _____

Camp Supplies (shirts, etc.): \$ _____

Total Fixed Expenses: \$ _____

Salaries (include details on page 3): \$ _____

Total Anticipated Expenses: \$ _____

A Fundraiser report must be completed at the conclusion of camp and turned into the Bookkeeper

Anticipated Salaries:

- 1. Position: _____ Hourly Rate: \$ _____ Total
Expected Cost \$ _____
Position Description:

- 2. Position: _____ Hourly Rate: \$ _____ Total
Expected Cost \$ _____
Position Description:

- 3. Position: _____ Hourly Rate: \$ _____ Total
Expected Cost \$ _____
Position Description:

- 4. Position: _____ Hourly Rate: \$ _____ Total
Expected Cost \$ _____
Position Description:

- 5. Position: _____ Hourly Rate: \$ _____ Total
Expected Cost \$ _____
Position Description:

All salaries are estimates only until camp completion. Salaries are only available if supported by collections. Camp organizers should ensure workers are aware of potential changes in pay amounts based on actual camp collections. Payments to ORS employees must be made through payroll.

Required Approvals

- Coach: _____ Date: _____
- Athletic Director: _____ Date: _____
- Building Principal: _____ Date: _____
- Exec. Dir. Of School Leadership: _____ Date: _____
- Director of Technology (if applicable): _____ Date: _____

Note: This form is to be used for requests as outlined in Administrative Procedure AP 2.601 (B)