

Reset Form



REQUEST FOR APPROVAL OF FUNDRAISING ACTIVITY AND PARENT DISCLOSURE

Application Date: 10/4/2021 Name of Team or Organization: MMHS Chamber Singers, Concert Choir, Sorelle Voce
 Advisor/Coach: Mr. Rymer, Kari Dawn Edmunds (fundraising chair) School: MMHS
 Type of fundraising activity: Team/Group/Organization -OR- Individual Students
 Name of Fundraiser: Butter Braids Fundraiser
 Fundraiser Begin Date: 10/18/2021 Fundraiser End Date: 11/5/2021
 Proceed Percentage Applied to Program: 0% Proceed Percentage Applied to Student: 100%

Identify the specific financial needs of the team/organization/individuals to be satisfied by this fundraiser. Needs and costs of items must be described in detail rather than simply listing general terms such as "equipment" or "travel" or "team funds."

Students are fundraising for the spring choir tour fee to Seattle which covers the cost for their transportation, activities, and majority of food

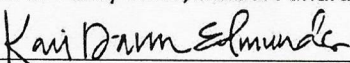
Describe the fundraising activity(ies), including how the money will be collected and accounted for, and identify whether activity is a team/group/organization or individual student fundraising activity.

Students will be selling Butter Braid frozen pastries to friends and families. They will be given an order form and they will take orders and collect the funds and submit to Butter Braids. A week later the pastries will be given to students for them to deliver to the people who ordered. It is an individual student fundraiser and the profit of the orders will go directly to the individual student's tour account.

Describe any transportation or supervision needed to complete the fundraiser, and explain how potential risks or safety concerns will be addressed.

There is no transportation or supervision. Students are responsible for contacting community members themselves. We will instruct students to be cautious in their neighborhoods if they choose to walk and who they decide to approach.

I hereby represent that I am the head coach/advisor of the team or organization named above and that the information provided herein is correct and complete to the best of my knowledge. I have read and understand the fundraising guidelines set forth in Nebo School District Policy #KAC, School Fundraising Activities.

Signature of Coach/Advisor:  Date: 10/4/2021



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REQUEST FOR APPROVAL OF FUNDRAISING ACTIVITY AND PARENT DISCLOSURE

Application Date: 10/5/2021 Name of Team or Organization: MMHS Chamber Singers, Concert Choir, Sorelle Voce
 Advisor/Coach: Mr. Rymer/ Kari Dawn Edmunds (fundraising chair) School: MMHS
 Type of fundraising activity: Team/Group/Organization -OR- Individual Students
 Name of Fundraiser: Carols and Confections
 Fundraiser Begin Date: 11/2/21 Fundraiser End Date: 12/1/2021
 Proceed Percentage Applied to Program: 60% Proceed Percentage Applied to Student: 40%

Identify the specific financial needs of the team/organization/individuals to be satisfied by this fundraiser. Needs and costs of items must be described in detail rather than simply listing general terms such as "equipment" or "travel" or "team funds."

The students are fundraising for the spring choir tour- their fee covers the transportation, activities, and food. The rest of the fundraising goes to the general choir fund which pays for the concert costs, hired musicians, confections, and other costs associated with running the concert and choir.

Describe the fundraising activity(ies), including how the money will be collected and accounted for, and identify whether activity is a team/group/organization or individual student fundraising activity.

Students will be given order forms to sell tickets to the concerts and collect funds. Then the students will pay the finance office the money they collected for the tickets and then the students will be given the tickets that they payed for to deliver to the family and friends who bought tickets. The students receive 40% of the ticket sales of the tickets they sold.

Describe any transportation or supervision needed to complete the fundraiser, and explain how potential risks or safety concerns will be addressed.

There will be no transportation or supervision. Students are responsible for contacting community members themselves. We will instruct students to be cautious who they and approach and when.

I hereby represent that I am the head coach/advisor of the team or organization named above and that the information provided herein is correct and complete to the best of my knowledge. I have read and understand the fundraising guidelines set forth in Nebo School District Policy #KAC, School Fundraising Activities.

Signature of Coach/Advisor: Kari Dawn Edmunds Date: 10/5/21

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REQUEST FOR APPROVAL OF FUNDRAISING ACTIVITY AND PARENT DISCLOSURE

Application Date: 10/1/2021 Name of Team or Organization: MMHS Chamber Singers, Concert Choir, & Sorelle Voce
 Advisor/Coach: Mr Rymer and Kari Dawn Edmunds (fundraising chair) School: MMHS
 Type of fundraising activity: Team/Group/Organization -OR- Individual Students
 Name of Fundraiser: Email Fundraiser
 Fundraiser Begin Date: 9/27/2021 Fundraiser End Date: 10/14/2021
 Proceed Percentage Applied to Program: 0% Proceed Percentage Applied to Student: 100%

Identify the specific financial needs of the team/organization/individuals to be satisfied by this fundraiser. Needs and costs of items must be described in detail rather than simply listing general terms such as "equipment" or "travel" or "team funds."

Students are fundraising for their spring choir tour fee which covers the cost for their transportation, activities, and majority of food on tour.

Describe the fundraising activity(ies), including how the money will be collected and accounted for, and identify whether activity is a team/group/organization or individual student fundraising activity.

Students are responsible for emailing a link to myschoolfees.com to whoever they would like to reach out to. Those who choose to donate then follow the link and directions to donate to the student's choir tour.

Describe any transportation or supervision needed to complete the fundraiser, and explain how potential risks or safety concerns will be addressed.

There is no need for transportation nor safety concerns. Supervision is provided for the collection of funds by the finance secretary.

I hereby represent that I am the head coach/advisor of the team or organization named above and that the information provided herein is correct and complete to the best of my knowledge. I have read and understand the fundraising guidelines set forth in Nebo School District Policy #KAC, School Fundraising Activities.

Signature of Coach/Advisor: Kari Dawn Edmunds Date: 10/4/2021

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