



**Washoe County School District**

Every Child, By Name And Face, To Graduation

**Purchasing Department**

14101 Old Virginia Road

Reno, Nevada 89521

Phone: (775) 850-8025

Fax: (775) 857-3175

Email: [purchasing@washoeschools.net](mailto:purchasing@washoeschools.net)

**Office Hours:**

7:30 a.m. to 4:30 p.m.

Monday – Friday

(closed holidays)

## FUNDRAISER APPLICATION

*For fundraising in the Washoe County School District this form must first be submitted to the Purchasing Dept . for review/approval.*

**1. Applicant's Name and Address**

**2. Applicant's Phone Number**

**3. Applicant's Email Address**

**4. Website (if applicable)**

**5. Type of Organization:**

Individual

Partnership

Non-profit organization

Incorporated in

**6. Business License Number (Copy must be attached)**

**7. Duration?**

#

### 8. Names of Business Officers, Owners or Partners

**President:**

**Vice President:**

**Secretary:**

**Treasurer:**

**Owner or Partners:**

### 9. Persons Authorized to Sign Contracts on behalf of Named Business

**Name:**

**Official Capacity:**

**Phone Number:**

**10. Describe fundraising activities:**

**11. Has your company previously conducted school fundraising activities in Washoe County School District?**

**12. If yes, please list names of schools:**

13. REFERENCES (Preferably, schools that business has served in the past.)

Name

Address

City  State  Zip Code

Phone

Name of School

Details of fundraising project:

Name

Address

City  State  Zip Code

Phone

Name of School

Details of fundraising project:

Name

Address

City  State  Zip Code

Telephone

Name of School

Details of fundraising project:

**LEGAL NOTE:** APPLICANT/BUSINESS shall hold harmless, indemnify and defend WCSD and their officers from and against all claims, liabilities, failure to act, omission, or negligence of APPLICANT/BUSINESS.

AUTHORIZED APPLICANT SIGNATURE

TITLE

NAME (PRINT)

DATE