



**SCHOOL OPERATIONS
DIVISION OF ATHLETICS, ACTIVITIES AND ACCREDITATION**

**APPLICATION FOR APPROVAL
TICKET SALES FOR FUNDRAISING PURPOSES**

Name of Organization: _____

Contact Person: _____
Name Title

Address: _____

Phone Number: _____ Email Address: _____

Type of Event: _____

Location of Event: _____

Date & Time of Event	Date(s) of Ticket Sales	Cost per Ticket To Schools	Ticket Sale Price	No. of Tickets

Signature of Applicant

Date

Please attach any appropriate literature concerning the event.

Provide a sample of the Consignment Form by which schools will be assigned tickets, return tickets, and return necessary funds to cover ticket cost.

RETURN APPLICATION TO: The Division of Athletics, Activities and Accreditation Miami-Dade County Public Schools 9040 SW 79th Avenue Miami, Florida 33156 Mail Code: 9723 Fax: 305-275-3714 ATTENTION: TICKET SALES

***ALL REQUESTED DOCUMENTS AND DETAILS MUST BE SUBMITTED WITH THE COMPLETED APPLICATION FORM TO BE CONSIDERED. INCOMPLETE SUBMISSIONS WILL BE RETURNED.**

Approved

Not Approved

Mr. Steffond L. Cone, Assistant Superintendent
School Operations

Date

Weekly Briefing No. _____
(if approved)