



**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.

<b>RETURN APPLICATION TO:</b> 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 <b>ATTENTION: TICKET SALES</b>
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**\*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)