



Blue Chip Athletic

600 East 16th Avenue | North Kansas City, MO 64116 | Phone: 877-602-2583 or 816-471-2499

Event Manager: Chad Benshoof – cbenshoof@bluechipathletic.com

Event Services Agreement

Date: 11/13/2018

Service Agreement for: Raytown South Holiday Tournament

Date of Event: 12/14/18 - 12/15/18

Blue Chip Athletic is excited to have the opportunity to be the official merchandiser for your event this season. Blue Chip Athletic is the official merchandiser for hundreds of sporting events across the United States. Our wide variety of unique products, friendly and knowledgeable staff, and overall professionalism set us apart from the competition.

Blue Chip Athletic is the sole and exclusive vendor for all printed merchandise and gear. Items we plan on selling include, but are not limited to or guaranteed.

- Custom Tournament Apparel (T-Shirts, Shorts, Singlets, Socks, Bags & Gear)

Blue Chip Athletic will provide:

- 10% of all sales excluding any and all sales tax collected
- 3 hours of set up on Friday and 6 hours of setup on Saturday

Event will provide:

- 4 Tables
- Wifi capability if possible Yes No
- 2-3 Announcements over the PA system,
 - Blue Chip Athletic will provide promotional dialogue

In exchange for the items above no other company or entity will be allowed to sell apparel or gear at the event. By signing below, you agree to all terms and conditions listed above.

Tournament Representative: *[Signature]* ^{NATHAN} _{BROWN} Date: 11/30/2018

RQS ASSISTANT SUPERINTENDENT: *[Signature]* 12-6-18

Address to send % of Sales: 8211 STERLING AVE, RAYTOWN, MO 64138

Blue Chip Athletic Representative: CHAD BENSHOOF Date: 12/7/2018

*Send to Kathy Thompson
LW 11/25/18*

Approved
11/28/18

As long as
Blue Chip is a vendor.

[Signature]
FILE: IGDF-AF
Critical

Contract attached (pl)

STUDENT FUNDRAISING
(Fundraising Approval Form)

Name of Employee Supervising Fundraising Activity: NATHAN BROWN

Group or Activity: RSHS WRESTLING Grade Levels Involved: 9-12

Dates of Fundraising Activities: 12/14-12/15, 2018 Anticipated Profit from Fundraiser: 10%

Explain how funds will be used. For wrestling program

Describe the fundraising activity, including a description of items to be sold and the amount for which they will be sold. (Attach brochures or other information to this form if necessary.)

T-Shirts @ \$20
shorts @ \$20

List the vendors involved, including address and contact information of representatives.

Blue Chip Athletic, CHAD BENSHOOF
600 E. 16th AVE, NORTH KANSAS CITY, MO 64116
cbenshoof@bluechipathletic.com 816-471-2499 ext. 106

Describe up-front money or other necessary commitments of district resources.

Provide tables and space for sale of goods

Is there a risk that the district could lose money? If so, explain.

No

Who is the target customer? WRESTLING FAMILIES & ATTENDEES

Will students, staff or others be solicited on school property? If so, explain how and when.

No

FILE: IGDF-AF
Critical

Will students be involved in the fundraiser? If so, explain their role and include an estimate of the amount of instructional time, if any, that will be used to implement the fundraiser. _____

No

Will staff members other than yourself be involved? If so, explain how they will be involved and include an estimate of the time during their working hours that they will be involved. _____

No

Will the fundraiser be advertised? If so, how? With signs and displays on their space

Describe the method of collecting and securing funds, including a description of how sales and receipt of funds will be documented and how the risk of theft will be minimized. _____

Vendor will collect, receipt and secure funds.

Will the district need to sign a contract? Yes No

If yes, attach the contract to this form for review and Board approval.

Does the fundraiser comply with the district's wellness program and procedures implementing that program? (See ADF, ADF-AP.) Yes No

List any other information regarding the fundraising activity. _____


Signature of Supervising Employee

11/9/2018
Date

<i>For Office Use Only</i>	
<input type="checkbox"/>	Approved
<input type="checkbox"/>	Denied
<input checked="" type="checkbox"/>	Approved with the following conditions or changes:
CENTRAL SENT TO BOE/CO for approval	
Signature of School Principal or Superintendent	Date 11/25/16

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented:

Revised:

Raytown C-2 School District, Raytown, Missouri