

27th ANNUAL DUCKY DERBY AUTHORIZATION

PARTICIPANT AUTHORIZATION FORM

With the approval of its Board of Trustees/Board of Directors and/or School Administrative Officer _____ has elected to have its members of youth sell or purchase Ducky Derby tickets.

Proceeds from Ducky Derby may only be used for goods and services to benefit the School/Club raising the funds. No funds may be distributed to other organizations or to a general fund not directed and controlled by the authorized School/Club. Additionally at the sole discretion of the authorized School/Club, funds raised may be segregated for the benefit of individual members of the School/Club as long as the proceeds benefit and serve the overall purpose of the School/Club. In no instance can funds raised through the Ducky Derby be paid directly in any form to a member or to a related entity of a member of the authorized School/Club. Any funds not used by individual members can be reallocated at the discretion of the School/Club, as long as the eventual use benefits the authorized School/Club. Also, any funds not used during a calendar or school year may be saved for future years as long as the funds are eventually used for the benefit of the authorized School/Club.

Read and Understood: _____ (initial of officers)

Upon attainment of this commitment, THE ROTARY CLUBS OF NORTHERN CALIFORNIA FOUNDATION AGAINST SUBSTANCE ABUSE will advise the amount of funding available based upon the percentage of your school or club ticket sales. Each school or club will receive a **minimum** of 80% of their ticket sales for activities involved in substance abuse prevention or a **minimum** of 50% of ticket sales to unrelated substance abuse activities. Each youth participating may be required to sign a pledge card stating their commitment to not use illegal substances.

The School/Club understands it will receive credit only for tickets and funds submitted directly to (Evanhoe/Kellogg Accountants). No tickets will be issued without this signed authorization that is to be returned to the Shasta County Office of Education, Reception Desk.

School or Club Name: _____

Sales Coordinator Name: _____

Check this line if you are a new coordinator for this group.

Last Year's Coordinator Name: _____

Address: _____

Daytime Phone #: _____ Evening Phone #: _____ Fax #: _____

E-mail: _____

OTHERS AUTHORIZED TO PICK-UP TICKETS:

I, as the school principal/club official have read and agree to the terms in the Superintendent's Memorandum, and also understand that tickets picked up by our group are to be used for our group and not shared with other groups. I have shared this information with others authorized to pick up tickets.

(Original Signatures)

School Principal's Signature

Club President's Signature

Please check one:

Substance Abuse Prevention Club/Group (80%)

General Youth Club/Group (50%)

Service Clubs

(i.e. Other Rotary, Lions, etc - 80% Maximum)

Batch #1 _____ to _____
Signature _____ Date _____
SCOE Signature _____ Date _____
Total Pickup _____

Batch #2 _____ to _____
Signature _____ Date _____
SCOE Signature _____ Date _____
Total Pickup _____

Batch #3 _____ to _____
Signature _____ Date _____
SCOE Signature _____ Date _____
Total Pickup _____

Batch #4 _____ to _____
Signature _____ Date _____
SCOE Signature _____ Date _____
Total Pickup _____