

PROPOSED FUNDRAISING ACTIVITY

School: _____

Fund/Club/Class/Account Name: _____

Proposed Fundraising Activity: _____

Dates for Proposed Activity: _____

Proposed Uses of Funds Raised: _____

Expected Student Involvement (school-wide or specific school organization):

Method By Which School Will Receive Profit: _____

Requested By: _____ Date: _____
(Name & Title)

Approved By: _____ Date: _____
Principal

Approved By: _____ Date: _____
Superintendent*

Approved By the Board of Education: _____
(Date of Meeting)**

*The Superintendent of Schools must approve all fundraising activities that involve the participation of the general student population in the marketing process of the fundraising effort.

**Fundraising must not occur prior to Board of Education approval.