

SCHOOL ACTIVITY FUND FUNDRAISER APPROVAL

School
Activity Account
External Support/Booster Organization
Name of Fundraiser
Sponsor
Date Submitted

Purpose of fundraising activity:

Items to be sold:

Beneficiary of fundraising activity:

Date(s) scheduled:

Names of adult supervisors of activity (chaperones, custodians, etc.):

Athletic Fundraiser		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved:			
Corresponding sport participating in fundraiser?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Coach's signature (corresponding sport)	Date		

Circle One: **Approved** **Disapproved** **Date:** _____

Principal

Date

SBDM Council (If council policy)

Date

Superintendent as directed by Board
(If School-Wide fundraiser)

Date