



FUNDRAISING APPROVAL FORM

(Please submit at least two weeks prior to the fundraising activity)

Date Submitted: _____ Sponsor: _____

Group/Organization: _____

Fundraising Activity for which you are seeking approval: _____

Dates of Activity: _____ Vendor name used for fundraising: _____

Number of students involved in activity (approximate): _____

Please explain how students will market/sell this product or solicit donations: _____

The money generated by this fundraising activity will be used to (explain): _____

Building Principal signature

date

Additional Supervisor signature (if needed)
(Activities Director, SPED Coordinator, etc.)

date

Superintendent signature

date

CFO signature

date

The fundraiser is not approved for the following reasons: _____
