

DISTRICTWIDE FUNDRAISING PROJECT

This form is to be completed and submitted to the principal for approval no later than 2 weeks prior to the start of any fundraising activity.

Name of group _____

Advisor/Coach _____

Dates _____ to _____
begin end

Name of fundraiser _____

Funds raised will be used to

What will students (others) do to raise the money? (e.g. cash contribution, pledge, sale of produce or service, etc.).

Geographic area in which the fundraising will take place.

We understand the principal and/or board of education is not responsible for any debt or other liability as a result of this fundraising project.

_____ Date _____ Signature of Advisor

(Athletic fundraisers only)

This project will be processed through the: _____ Treasurer's Office _____ Athletic Booster Club

_____ Approved _____ Denied _____
Principal/Designee Date

_____ Approved _____ Denied _____
Superintendent Date

Original: Advisor
Copy to: Principal, Superintendent, Treasurer