

**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 at 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"/>
Coaches Signature (corresponding sport)	Date	

Circle One: **Approved** **Not Approved** _____
Date

Principal _____ Date

SBDM Council (If Council Policy) _____ Date

Superintendent (If School-Wide Fundraiser) _____ Date