

Fund-Raising Activities - Approval of School-Wide Fund-Raising Projects

Name of School _____

Date Submitted _____

I hereby request your approval for the following school-wide project to be accomplished by the sale of materials through solicitation by students:

Purpose of the project _____

Name/description of the product being sold _____

Name and address of the publisher or jobber _____

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

Duration of sales

Begins _____

Month

Day

Year

Ends _____

Month

Day

Year

Approved **Not Approved**

Principal

Date

SBDM Council (if Council policy

Date

Superintendent (If School-Wide Fund Raiser)

Date

Review/Revised: 9/12/02