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** ☐	**No** ☐
If yes, sport involved:			
Corresponding sport participating in fundraiser?		**Yes** ☐	**No** ☐
Coach's signature (corresponding sport)		**Date**	

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

_____ _____
Principal **Date**

_____ _____
SBDM Council (If council policy) **Date**

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