

**Madison Public Schools - Department of Athletics  
Fundraising Proposal**

Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) of event: \_\_\_\_\_

Purpose of event: *(Please specify how funds raised will be used)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Outline of event (materials to be used/distributed): \_\_\_\_\_

\_\_\_\_\_

*Please submit copies of all materials to be used/distributed.*

Location of event: \_\_\_\_\_

Time of event: \_\_\_\_\_

Projected Income: \_\_\_\_\_ Projected Expenses: \_\_\_\_\_

**SIGNATURES REQUIRED:**

Advisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Representative: \_\_\_\_\_ Period 2 Teacher: \_\_\_\_\_

\_\_\_\_\_

Athletics Director: \_\_\_\_\_ Building Admin: \_\_\_\_\_

Comments: \_\_\_\_\_

Approved

Not Approved

Date: \_\_\_\_\_