



MONOMOY REGIONAL SCHOOL DISTRICT FUNDRAISING APPROVAL FORM

Date of Request _____ School/Location _____

Name of Group _____

Faculty Advisor or Responsible Party _____

Date(s) of Fundraiser _____

Type of Fundraiser Event _____

Purpose of Fundraiser _____

Account to be deposited _____

Approval _____
Athletic Director Date

Approval _____
Principal Date Superintendent Date

School Committee Approval - if required* _____
Date

*Donations, Door-to-Door Solicitation, or other TBD

After the fundraiser, fill in the information requested below and send copies of this entire form to the Principal and the Superintendent of Schools.

Gross Receipts _____

Expenses _____

Profit _____

Signature of Advisor or Responsible Party