

OUT-OF-SCHOOL FUND RAISING

School: _____ Date of Submission: _____

Club/Organization: _____

Advisor: _____

Parent and/or Student Chairperson: _____

Fund Raising Activity: _____

Specific Dates of Activity: _____

Anticipated Income: \$ _____

Purpose of Activity: _____

Number of Students Involved: _____

Number of Parents Involved: _____

☐ Approved☐ Disapproved_____
Principal Signature_____
Date☐ Approved☐ Disapproved_____
Superintendent Signature_____
Date