



MARSHALL COUNTY SCHOOL SYSTEM

FUND RAISER AUTHORIZATION FORM

Please submit 30 days in advance of event for approval.

Date _____ School _____

Organization/Group _____ Activity # _____

Raising funds for (project) _____

Identify company name, type of merchandise, place of sale, sale price, etc. _____

Fund raiser will begin on _____ and conclude by _____.

Requested by _____.

_____ Approved _____ Not Approved

Principal's Signature _____

_____ Approved _____ Not Approved

Superintendent's Signature _____

Note: The fund raiser accountability report should be completed and submitted within five days of completion of the activity. Thank you.