

ATHLETIC ACTIVITY FUND
FUND RAISER APPROVAL

School _____
Deposited where: Team Account / Internal Booster Account / External Booster Account
Team _____
Date Submitted _____ Date to be Completed _____

Describe Fundraiser:

Beneficiary of fund-raising activity:

Dates Scheduled:

Names of adult supervisors at activity (chaperones, custodians, etc.)

Approved/Not Approved

Principal (or designee) _____ Date _____

SBDM Council (If Council Policy) _____ Date _____

Superintendent (If School-Wide Fund Raiser) _____ Date _____

Fundraiser Finances - Expenses (list individually)

Fundraiser Finances \$ _____ profit/loss