

STUDENT FUND-RAISING ACTIVITY

This form is to be completed and submitted to the Superintendent for approval prior to commencing any student fund-raising activity.

Name of Group: _____

Advisor (or Representative): _____

Name of the fund-raiser: _____

Purpose of fund-raiser and intent for the money received: _____

Amount of money to be raised: _____

Per student quota: _____

Means of fund-raising (e.g. cash contribution, pledge, sale of product or service, other donation, etc.):

What students (and/or others) will be doing to raise the money: _____

Geographic area in which the fund-raising will take place: _____

Dates and time requirements: _____

Total Activity _____

Per Student _____

How will students be supervised:

Person managing the funds: _____

Time and place of deposit of funds: _____

DESCRIBE ON THE REVERSE SIDE THE PROJECTS FOR WHICH THE MONEY WILL BE SPENT AND THE ESTIMATED COST OF EACH PROJECT.

SUPERINTENDENT APPROVED: _____ DATE: _____

BUILDING PRINCIPAL/ATHLETIC DIRECTOR APPROVED: _____ DATE: _____

- 1/05
- 3/05
- 8/05