

### OUT-OF-SCHOOL FUND RAISING

School: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

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: \_\_\_\_\_

<input type="checkbox"/>	Approved	_____
<input type="checkbox"/>	Disapproved	Principal Signature
		_____
		Date
<input type="checkbox"/>	Approved	_____
<input type="checkbox"/>	Disapproved	Superintendent/Designee Signature
		_____
		Date