

Board of Trustees

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FUND RAISER APPROVAL FORM



Sponsor _____ Date of Request _____

Date of Fund Raiser _____

Purpose of funds to be raised

Organization Raising funds

Describe Fund Raiser

If this is a sales fund raiser what profit percentage of sales does organization receive? _____

What is the anticipated net revenue for this fund raiser? _____

What expenses are required for this fund raiser? _____

Superintendent [G] Approved [G] Not Approved

Reason:

Date _____ Signature _____

This fund raiser is not to be assumed approved until you have a copy signed by the Superintendent in hand