F-SA-2A

SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

School	
Activity Account	
External Support/Booster Organization	
Name of Fundraiser	
Sponsor	
Date Submitted	

Purpose of fundraising activity:

_____

_____

Items to be sold:

_____

_____

Beneficiary of fundraising activity:

_____

Date(s) scheduled:

_____

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

_____

_____

Athletic Fundraiser		Yes ☐	No ☐
If yes, sport involved:			
Corresponding sport participating in fundraiser?		Yes ☐	No ☐
Coach's signature (corresponding sport)		Date	

Circle One: Approved Disapproved **Date:** _____

_____ Principal

_____ Date

_____ SBDM Council (If council policy)

_____ Date

_____ Superintendent as directed by Board (If School-Wide fundraiser)

_____ Date