# Fund-Raising Effort

**NOTE: Prior to approval of a fund raising effort that will pay for a specific purchase, activity or trip, the purchase, activity or trip must first be approved.**
**Do not submit this form unless approval has been received.**

Name of Specific Purchase, Activity or Trip _____

Has the "specific purchase, activity or trip" for this requested fund raising effort been approved by the Superintendent or Building Principal:

(Circle One) Yes No

Date of Approval (Attach documentation of approval) _____

**To the Superintendent or Building Principal:**

I hereby request your approval for the following fund-raising effort:

Identify/name of fund raising effort:

_____

_____

_____

_____

Account where proceeds will be deposited_____

Name of school, club or department sponsoring the fund raising effort: _____

Person responsible for the fund raising effort: Name (Print) _____

Signature _____ Phone number_____

Duration of fund raising effort:

Begins _____ _____ _____
*Month* *Day* *Year*

Ends_____ _____ _____
*Month* *Day* *Year*

_____ _____
Building Principal Date Superintendent Date