

## IN-SCHOOL FUND RAISING

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

Club/Organization: \_\_\_\_\_

Advisor: \_\_\_\_\_

Fund Raising Activity: \_\_\_\_\_

Specific Dates of Fund Raisers: \_\_\_\_\_

Anticipated income: \$ \_\_\_\_\_

Purpose of Activity: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of students involved: \_\_\_\_\_

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