

**SCHOOL ACTIVITY FUND
FUND RAISER APPROVAL**

F-SA-2A

School
Activity Fund
Sponsor
Date Submitted

Fund-raising activity:

Purpose of fund-raising activity:

Beneficiary of fund-raising activity:

Date(s) scheduled:

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

Approved/Not Approved: _____

Principal

Date

SBDM Council (If Council Policy)

Date

Superintendent (If School-Wide Fund Raiser)

Date