

CALLOWAY COUNTY SCHOOLS FUNDRAISER & CROWDFUNDING APPROVAL

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

Purpose of Fundraising Activity:

Items to be Sold or Items Requested for Donation:

Beneficiary/Sport of Fundraising Activity:

Anticipated Profit and Plans for Excess Funds:

Date(s) Specifically Scheduled (Start Date and End Date):

Names of Adult Supervisors at Activity (Chaperones, Custodians, Etc.):

Sponsor's Signature

Date

Bookkeeper's Signature

Date

Principal's Signature

Date

SBDM Council Chairperson's Signature (If Council Policy)

Date

Circle One: **Approved** **Not Approved**

Board Approval Date

***** All fundraisers must be Board approved prior to fundraiser start date. *****