

FUND RAISING ACTIVITY FORM

DESCRIPTION OF FUND RAISING PROJECT (TYPE OF PROJECT - - WHERE, WHEN, BY WHOM, WHY, WHAT MONEY WILL BE SUED FOR, ETC.)

Signature of Teacher Applying for Fund Raising Activity

Date

APPROVAL:

Asst. Principal

WHEN YOUR PROJECT IS FINISHED, PLEASE COMPLETE THIS INFORMATION:

Activity/Items Sold _____

Dates _____

Number of Hours or Students Involved _____

Money Received _____

Amount Paid Company _____

Net Income _____

Signature of Teacher _____