



# GROSSE ILE TOWNSHIP SCHOOLS

Student Activity Fund Management and Fund Raisers

3800R

**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 \_\_\_\_\_

Describe with detail the product/service/cost and how the fund raising effort will be conducted

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proceeds will be used for \_\_\_\_\_

Account where proceeds will be deposited \_\_\_\_\_

Amount expected to be earned \_\_\_\_\_

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