

WATONGA PUBLIC SCHOOLS

APPROVAL REQUEST FOR A FUNDRAISING PROJECT

School Year _____ Acct # _____

Date of Request: ____/____/____

Organization: _____

OFFICE USE ONLY
____ sponsor signature
____ principal signature
____ dated
____ %
____ Account #

Fundraising Project (List all services or items you plan to sell.)

Beginning date of project ____/____/____ Ending date of project ____/____/____

Funds to be used for (Be as specific as possible.)

Submitted by _____

Address _____ Phone # _____

Percentage of profit to be made on each item _____%

Name and address of the company from whom you are receiving your fundraiser

DISTRIBUTION: In order to be included on the agenda, all forms are to be turned in a week in advance prior to each Board Meeting. Board Meetings are held on the 2nd Monday of each month. Site principal's signature is required before delivering original to the Board Clerk.

PROJECT APPROVALS:

PRINCIPAL _____ DATE _____

BOARD OF EDUCATION _____ DATE _____