SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

School	District
Activity Account	GF.
External Support/Booster Organization	
Name of Fundraiser	Rotary Ham + Bean Dinner Sales
Sponsor	Rotary
Date Submitted	2-5-14

Purpose of fundraising activity: **(What will the funds be used for? Be specific)**

Schools chose of what funds will be used for - GF

Items to be sold: tickets for Ham + Bean

Beneficiary of fundraising activity: **(Who will receive the benefit of the funds)**

each school that participates

Date(s) scheduled: 3-15 thru 5-20

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

Athletic Fundraiser **If yes, sport involved:**	**Yes** ☐	**No** ☐
Corresponding sport participating in fundraiser?	**Yes** ☐	**No** ☐
Coaches Signature (corresponding sport)		**Date**

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

Date

Principal **Date**

SBDM Council (If Council Policy) **Date**

LeDayne Berninger-Feld 2/5/14

Superintendent **Date**