

SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

SCHOOL <u>GC Upper Elementary</u>
ACTIVITY ACCOUNT _____
EXTERNAL SUPPORT/BOOSTER ORGANIZATION <u>PTSO</u>
NAME OF FUNDRAISER <u>Boo Grams</u>
SPONSOR _____
DATE SUBMITTED <u>9-26-2017</u>

Purpose of fundraising activity:

to help with "Wonder" field trip

Items to be sold:

Suckers

Beneficiary of fundraising activity:

Date(s) scheduled October 17-27th delivery Oct. 31st

Name of adult supervisory of activity (chaperones, custodians, etc.) _____

Athletic Fundraiser	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
If yes, sport involved		
Corresponding sport participating in fundraiser?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Coaches signature (corresponding sport)		DATE

Approved ☒ Disapproved ☐ Date _____

Principal Shade Date 10-2-17

SBDM Council (if council policy) _____ Date _____

Superintendent _____

Board Chair _____

Date: _____
(if school-wide fundraiser)

Date: _____