

SCHOOL ACTIVITY FUND  
FUNDRAISER APPROVAL

SCHOOL <u>GC Upper Elementary</u>	
ACTIVITY ACCOUNT	
EXTERNAL SUPPORT/BOOSTER ORGANIZATION <u>U2 PTSO</u>	
NAME OF FUNDRAISER <u>Little Lambs Cookie Dough</u>	
SPONSOR	
DATE SUBMITTED <u>9-26-2017</u>	

Purpose of fundraising activity:

~~Cookie Dough~~ Spring Fling

Items to be sold:

Cookie dough, pretzels

Beneficiary of fundraising activity:

Date(s) scheduled November

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 Shady Date 10-2-17

SBDM Council (if council policy) Date

Superintendent \_\_\_\_\_

Board Chair \_\_\_\_\_

Date: \_\_\_\_\_  
(if school-wide fundraiser)

Date: \_\_\_\_\_