

SCHOOL ACTIVITY FUND FUNDRAISER APPROVAL

SCHOOL: GALLATIN COUNTY UPPER ELEMENTARY
ACTIVITY ACCOUNT
EXTERNAL SUPPORT/BOOSTER ORGANIZATION: PTSO
NAME OF FUNDRAISER: After School Dance
SPONSOR: PTSO
DATE SUBMITTED: 9-22-17

Purpose of fundraising activity:

Student incentives and rewards

Items to be sold:

Admission to dance and concessions

Beneficiary of fundraising activity: PTSO

Date(s) scheduled: Oct 20, 2017

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 fund YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Coaches signature (corresponding sport)		DATE:

Approved ☒ Disapprove ☐ Date _____

Principal Shande Dunn Date 9-25-17

SBDM Council (if council policy) _____ Date _____

Superintendent _____ Board Chair _____

Date: _____ Date: _____

(If school wide fundraiser)