## SCHOOL ACTIVITY FUND FUNDRAISER APPROVAL

| School NLES  |            |
|--|------------|
| Activity Account Gen Fund  |            |
| External Support/Booster Organization                                  |            |
| Name of Fundraiser Graduation Caps                                     |            |
| Sponsor Caura Gordon   |            |
| Date Submitted 5-1-18  |            |
| Purpose of fundraising activity:                                       |            |
|  |            |
| To pay for graduation caps   |            |
|  |            |
| Items to be sold:<br>Graduation Caps-\$3,00                            |            |
|  |            |
|  |            |
| Beneficiary of fundraising activity:                                   |            |
| K Students   |            |
| Date(s) scheduled:   |            |
| 5-2-18 through 5-11-18   |            |
| O  |            |
| Names of adult supervisors of activity (chaperones, custodians, etc.): |            |
| Laura Gordon   |            |
|  |            |
|  | 7/ FL 3/ W |
| Athletic Fundraiser  | Yes No     |
| f yes, sport involved:   |            |
| Corresponding sport participating in fundraiser?                       | Yes No     |
|  |            |
| Coach's signature (corresponding sport)                                | Date       |
| Circle One: Approved Disapproved Date:                                 |            |
| Mle Principal 5-1-18   | rate       |
| **************************************                                 |            |
| SDDM Council (If council policy)                                       | nte        |
| SBDM Council (If council policy)                                       | atte       |
| ·  |            |
| Superintendent as directed by Board (If School-Wide fundraiser)        | ate        |
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