

# SCHOOL ACTIVITY FUND FUNDRAISER APPROVAL

School	NLES
Activity Account	Gen Fund
External Support/Booster Organization	
Name of Fundraiser	Hat Day
Sponsor	Betty Williams
Date Submitted	5-2-18

Purpose of fundraising activity:

To raise money for the Special Olympics.

Items to be sold:

Students may wear a hat if they donate money.

Beneficiary of fundraising activity:

Special Olympic Students

Date(s) scheduled:

5-4-18

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

None needed

Athletic Fundraiser	Yes <input checked="" type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, sport involved:		
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Coach's signature (corresponding sport)	Date	

Circle One:

Approved

Disapproved

Date:

5-3-18

Shew Olenon

Principal

5-3-18

Date

SBDM Council (If council policy)

Date

Superintendent as directed by Board  
(If School-Wide fundraiser)

Date