SCHOOL ACTIVITY FUND FUNDRAISER APPROVAL

| School | North Todd Elementary School | |
|---------------------------------------|------------------------------|--|
| Activity Account | Student Rewards | |
| External Support/Booster Organization | | |
| Name of Fundraiser | School Mall | |
| Sponsor | Yvonne Rundali | |
| Date Submitted | 4/24/2024 | |

| Purpose of fundraising activity: What will the funds be used for? (Be specific) | |
|--|--|
| To provide funding for student rewards | |
| Items to be sold: | |
| Submission of address booklets completed by student families. | |
| Beneficiary of fundraising activity: (Who will receive the benefit of the funds) | |
| North Todd Students | |
| Dates Scheduled: | |
| 9/16/24-9/20/24 | |
| Names of adult supervisors at activity (chaperones, custodians, etc.): | |
| Yvonne Rundall | |

| Athletic Fundraiser | Yes | No. | · 🗸 |
|--|------|-----|--------|
| If yes, Sport involved | | | (40.0) |
| Corresponding sport participating in fundraiser? | Yes | No. | · / |
| Coaches Signature (corresponding sport) | Date | | |

| Circle One: | Approved | Not Approved | 4/30/2024 |
|---------------------|----------------|--------------|-----------|
| | Арргочео | | Date |
| | 500 X | | 4/30/2024 |
| Principal Signature | | | Date |
| SBDM Council (If Co | ouncil Policy) | | Date |
| (| 1 Delive | el e | 5/1/2/ |
| Superintendent Sign | ature | | Date |