SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

School	**District Wide**
Activity Account	**Backpack Program**
External Support/Booster Organization	**Community Support**
Name of Fundraiser	**Backpack Program**
Sponsor	**April Smith & Lori Sorrell**
Date Submitted	**8-6-2024**

Purpose of fundraising activity:

Raise funds for the Backpack Meals to Grow Program.

Items to be sold:

_Nothing will be sold, we will only ask for donations.

Beneficiary of fundraising activity:

At Risk kids in the district at both schools who have food insecurity.

Date(s) scheduled:

Sometime during the year, if funds are depleted in the account.

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

N/A

Athletic Fundraiser		**Yes** ☐	**No** ☑
If yes, sport involved:			
Corresponding sport participating in fundraiser?		**Yes** ☐	**No** ☑
Coach's signature (corresponding sport)		**Date**	

Circle One: **Approved** **Disapproved** **Date:** _____

Principal	**Date**
SBDM Council (If council policy)	**Date**
Superintendent as directed by Board (If School-Wide fundraiser)	**Date**

SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

School	~~**Holiday Assistance**~~ District wide
Activity Account	
External Support/Booster Organization	**Community Support**
Name of Fundraiser	**Holiday Assistance**
Sponsor	**April Smith & Lori Sorrell**
Date Submitted	**8-6-2024**

Purpose of fundraising activity:

Raise funds for the Holiday Assistance for family to help with Thanksgiving Baskets and Christmas Presents.

Items to be sold:

Nothing will be sold, we will only ask for donations.

Beneficiary of fundraising activity:

These funds will be used for children in our district that need food for the holidays and their guardians need help providing them with Christmas presents.

Date(s) scheduled:

October - December

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

N/A

Athletic Fundraiser		**Yes** ☐	**No** ☑
If yes, sport involved:			
Corresponding sport participating in fundraiser?		**Yes** ☐	**No** ☑
Coach's signature (corresponding sport)		**Date**	

Circle One: Approved Disapproved **Date:** _____

_____ _____
Principal **Date**

_____ _____
SBDM Council (If council policy) **Date**

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

SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

School	**District Wide**
Activity Account	**Sleep Dreams Bed Program**
External Support/Booster Organization	**Community Support**
Name of Fundraiser	**Sleep Dreams Bed Program**
Sponsor	**April Smith & Lori Sorrell**
Date Submitted	**8-6-2024**

Purpose of fundraising activity:

Raise funds to provide beds and bedding for children whom don't have a place to sleep.

Items to be sold:

Nothing will be sold, we will only ask for donations.

Beneficiary of fundraising activity:

These funds will be used for children in our district that need a place to sleep.

Date(s) scheduled:

All Year

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

April Smith & Lori Sorrell

Athletic Fundraiser		**Yes** ☐	**No** ☑
If yes, sport involved:			
Corresponding sport participating in fundraiser?		**Yes** ☐	**No** ☑
Coach's signature (corresponding sport)		**Date**	

Circle One: Approved Disapproved **Date:** _____

_____ _____
Principal **Date**

_____ _____
SBDM Council (If council policy) **Date**

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

SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL

School	**District Wide**
Activity Account	
External Support/Booster Organization	**Community Support**
Name of Fundraiser	**FRYSC Supplies Drive**
Sponsor	**April Smith & Lori Sorrell**
Date Submitted	**8-6-2024**

Purpose of fundraising activity:

To gather donations of items frequently given out in our centers. Such as shoes, hygiene items, food, etc.

Items to be sold:

Nothing will be sold, we will only ask for donations.

Beneficiary of fundraising activity:

These funds will be used for children in our district that are in need of these items.

Date(s) scheduled:

All Year

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

April Smith & Lori Sorrell

Athletic Fundraiser		**Yes** ☐	**No** ☑
If yes, sport involved:			
Corresponding sport participating in fundraiser?		**Yes** ☐	**No** ☑
Coach's signature (corresponding sport)		**Date**	

Circle One: Approved Disapproved **Date:** _____

_____ _____
Principal **Date**

_____ _____
SBDM Council (If council policy) **Date**

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