

**BOOSTER ORGANIZATION
FUNDRAISER & CROWDFUNDING APPROVAL**

School	Elizabethtown High School
Activity Account	
External Support/Booster Organization	
Name of Fundraiser	
Website (if applicable)	
Parent Rep/Sponsor	
Date Submitted	

Purpose of fundraising activity:

Items to be sold or items requested for donation:

Beneficiary/sport of fundraising activity:

Anticipated profit and plans for excess funds:

Date(s) scheduled:

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

Parent Rep/Sponsor

Date

Circle One: **Approved** **Not Approved**

Principal

Date

SBDM Council (If Council Policy)

Date

**Board Approval Date
(if applicable)**