

**SCHOOL ACTIVITY FUND  
FUNDRAISER & CROWDFUNDING APPROVAL**

School	Glenn O. Swing Elementary
Activity Account	Student Activity
External Support/Booster Organization	
Name of Fundraiser	Restaurant Nights
Website (if applicable)	
Sponsor	Karissa Storey
Date Submitted	August 9, 2024

**Purpose of fundraising activity:**

The purpose is to raise funds for our student activity account.

**Items to be sold or items requested for donation:**

Families will purchase food at local restaurants. The school will receive a percentage of each purchase.

**Beneficiary/sport of fundraising activity:**

Student Activity Account

**Anticipated profit and plans for excess funds:**

Excess funds will be deposited in the student activity account.

**Date(s) scheduled:**

Once a month throughout the 24-25 school year

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

No supervisors are necessary

*Karissa Storey* \_\_\_\_\_ 8/9/24  
 Sponsor Date

Circle One:  Approved  Not Approved  
*Ellyen Peack* \_\_\_\_\_ 8/9/24  
 Principal Date

\_\_\_\_\_  
 SBDM Council (If Council Policy) Date

\_\_\_\_\_  
 Board Approval Date  
 (if applicable)