

SCHOOL ACTIVITY FUND FUNDRAISER APPROVAL

School	BHS
Activity Account	Girls Basketball
External Support/Booster Organization	
Name of Fundraiser	All Girls Semifinals & Finals Concession
Sponsor	Gould
Date Submitted	9/2/25

Purpose of fundraising activity:

Equipment, Team Meals

Items to be sold:

Concessions

Beneficiary of fundraising activity:

Girls Basketball Program

Date(s) scheduled:

Jan 9-10, 2026

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

Trevor Gould

Athletic Fundraiser	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If yes, sport involved:	Girls Basketball
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 _____

OK - [Signature]

[Signature]