FUND RAISING FORM
Simpson County Schools

School: __FRANKLIN SIMPSON HIGH SCHOOL_____

Activity Fund: __FRANKLIN SIMPSON BAND BOOSTERS_____

Sponsor: ___FS Band Boosters _____

Date Submitted: __6/20/2026_____

What grade range will be involved in this activity? _____7-12_____

State the one MAIN purpose of this fund raising activity (how will students benefit from participating in this activity?):

_____ Educational experience _____School spirit _____ Community service

__X__ Fund Raising _X_Other: travel expense, trophies/awards, camp expense, insurance

Describe Activity: _VARIOUS SERVICE PROJECTS – CAR WASHES, SPIRIT NIGHTS, CONCESSION STANDS, PAINTING, EVENT SET UP AND CLEAN UP FOR LOCAL COMPANIES/GROUP ANNUAL PROJECTS, YARD SALES, APPAREL & ACCESSORY SALES, FOOD/CANDY/DRINK SALES, SOAP/DETERGENT SALES, DISCOUNT CARD SALES, TICKET SALES FOR DRAWINGS, SALE OF BANNERS, SIGNS, SPONSORSHIPS ON T-SHIRTS, TRAILERS_____

Beneficiary of fund raising activity: __MARCHING BAND, CONCERT BAND, PEP BAND STUDENTS_____

Place of Activity: __VARIOUS LOCATIONS NEEDED_____

Date(s) of Activity: __~~6/1/26~~ 7.24.26 THRU 5/31/27_ **Time(s) of Activity:** __VARIOUS TIMES___

Names of adult supervisors at activity (chaperones, custodians, etc.): _____
_____~~FS~~ BAND BOOSTERS_____

Principal **Date** 7/20/26

_____ _____
SBDM Council (if Council Policy) **Date**

_____ _____
Superintendent **Date**

Board Approval Date _____ _____ **Not Approved**