

MAINE SCHOOL ADMINISTRATIVE DISTRICT #33

Fund-Raising Activity/Project Request

Name of Group(s) Sponsoring the Fund-Raiser: _____

Name of Adult Advisor(s): _____

Specific Activity/Project: _____

Date of Activity/Project: Start _____ Finish _____

Number of Anticipated Participants: _____

How will the activity/project be conducted? _____

Anticipated Related Expenditures: _____

Anticipated Net Profit: _____

Funds will be collected from participants on the following basis:

_____ Daily _____ Weekly _____ Other _____

(Note: After collection from students, all funds shall be forwarded to the principal's office.)

Plans for Using Funds Raised: _____

Plans for Using Surplus Funds: _____

Will there be any prizes/rewards given to students? If yes, to whom and how? _____

I agree to coordinate the activity/project and acknowledge that I have read the policy *Fund-Raising Activities/Projects* (on the reverse side) and agree to conform to its requirements.

(Adult Advisor)

(Date)

Approved _____

Denied _____ Reason Denied _____

(Principal)

(Date)