MSAD #56 FUND RAISING APPROVAL FORM

Date form submitted: _____

Description of the fund raising activity:

_____
_____
_____

Purpose of the funds raised:

_____

_____

Beginning and ending dates of the fund raising activity:

_____

Name and phone number of person to contact with questions about this activity: _____

IT IS UNDERSTOOD THAT NO FUND RAISING MAY BEGIN UNTIL ALL NECESSARY SIGNATURES ARE AFFIXED TO THIS FORM. SIGNATURES INDICATE APPROVAL.

_____ _____
Fund raising coordinator's signature Date

_____ _____
Principal's signature Date

_____ _____
Co-curricular coordinator's signature if necessary Date

_____ _____
Superintendent's signature Date

Any administrator imposed restrictions? _____
_____
_____

Copies of this completed and approved form must be kept on file in the offices of the Superintendent, the building principal, and the co-curricular coordinator if co-curricular related.