

**HAMBLLEN COUNTY SCHOOLS
PROPOSED FUNDRAISING ACTIVITIES***

Fund/Account name _____

Proposed fundraising activities _____

Date(s) fundraising activities will take place _____

Proposed use of funds raised _____

Expected student involvement (schoolwide or specific school organization) _____

Method by which school will receive profit _____

Profit percentage to be received by school _____

School year for which funds are being raised _____

Proposed by _____	_____	_____
	Name	Title
		Date

____ Approved	____ Denied	_____	_____
		Principal's Signature	Date

____ Approved	____ Denied	_____	_____
		Director's Signature	Date

**APPROVAL BY THE DIRECTOR OF SCHOOLS IS REQUIRED
PRIOR TO THE START OF ANY FUND RAISING ACTIVITY**

*Prepared in accordance with Board Policies 2.404 and 2.900
and the *Tennessee Internal School Uniform Accounting Policy Manual* Exhibit 1, Page A-4