GADSDEN COUNTY SCHOOL DISTRICT

REQUEST FOR APPROVAL OF FUND-RAISING PROJECT

MUST BE SUBMITTED FOR DISTRICT LEVEL ACTION 2 WEEKS PRIOR TO EVENT

Date: _____ **School:** _____ **Organization/Department:** _____

Describe the Fund-raising Project: (bake sale, car wash, candy sale, solicitation, etc...)

_____

Why is this project needed? _____

Date Project Begins: _____ **Date Project Ends:** _____

Location of Fund-Raising Project? _____

What is the targeted amount of profit? _____

Who will be the fund raisers? (Circle as appropriate) Students Staff Parents Others

What internal account will be used to record collections and expenditure?

_____

Requested by: _____ **Date:** _____

Approved by: _____ **Date:** _____

Principal/Designee

District Level Action (Check One): ____ Approved ____ Denied

By: _____

Superintendent/Designee

Comments: _____

_____

_____

Please forward completed form via email, district mail or fax to:

Euruka Fields
Program Assistant, Academic Services
35 Martin Luther King, Jr. Blvd.
Quincy, FL 32351

TEL: (850) 627-9651 ext. 1242
FAX: (850) 627-3530
EMAIL: fieldse@gcpsmail.com