De Smet School District Fund Raising Approval Form

Please complete all of the information requested below <u>which applies to your request</u> and return to the superintendent for review and <u>possible</u> approval.

All fundraising activities which involve stu these fund raisers will be filed with the Super activity.		
Club/Sport/Class/Org.		
Sponsor's Signature	Sponsor Name	
Revenue Goal \$		Please Print Name
Project Objectives/Revenue Use (List items to	be purchased and rationale)	
Description of Project: 1. Product(s), Service or Other Activity		
2. Inclusive dates & <u>times</u> of project:		
3. Cost Per Product(s) Sale Price		
2. Describe how, where sales or service w	vill be conducted?	
Vendor Information: Company/Sales Rep.		
Address	Phone	
Attach copies of any contract or agreeme	ents with this form.	
Other Information:		
Building Principal Approval	Date	
Superintendent Approval	Date	
Business Manager Approval	Date	