

LAURENS COUNTY BOARD OF EDUCATION

FUNDRAISING ACTIVITY REQUEST FORM

SCHOOL: _____ DATE OF REQUEST: _____

TEACHER/CLUB: _____

SPONSOR OF CLUB: _____

TIME DURATION OF FUNDRAISING PROJECT: BEGINNING: _____

ENDING: _____

ITEMS SELLING: _____

REASON (S): _____

PROCEEDS WILL GO TO: _____

SIGNED BY: _____

TEACHER OR SPONSOR OF CLUB

SCHOOL PRINCIPAL USE ONLY

FINANCIAL CONDITION OF CLUB: _____

_____ APPROVED

_____ NOT APPROVED: _____

REASON FOR DECISION: _____

PRINCIPAL'S SIGNATURE

DATE

SUPERINTENDENT USE ONLY

BOARD REVIEWED REQUEST ON (DATE): _____

_____ APPROVED

_____ NOT APPROVED _____

REASON FOR DECISION: _____

SUPERINTENDENT'S SIGNATURE

DATE