

**SCHOOL ACTIVITY FUND
FUNDRAISER APPROVAL**

School	South Livingston Elementary
Activity Account	
External Support/Booster Organization	
Name of Fundraiser	
Sponsor	
Date Submitted	

Purpose of fundraising activity:

Items to be sold:

Beneficiary of fundraising activity:

Date(s) scheduled:

Names of adult supervisors at activity (chaperones, custodians, etc.):

Athletic Fundraiser	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, sport involved:	<hr/>	
Corresponding sport participating in fundraiser?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Coaches Signature (corresponding sport)	<hr/>	
	Date	

Circle One:

Approved

Not Approved

Date

Principal

Date

SBDM Council (If Council Policy)

Date

Superintendent (If School-Wide Fundraiser)

Date