

ASHLAND PUBLIC SCHOOLS
PRE-APPROVAL FUNDRAISING FORM

(Form must be **submitted at least two weeks prior** to fundraiser)

Name of Fundraising Activity: _____

Group Name: _____

Date Submitted: _____

Submitted by: _____ Position: _____

Dates of Fundraiser: Start: _____ End: _____

Description of Activity:

Student Involvement: Yes: No:

If "Yes", Please describe **in detail** what the students will be doing:

Intended Use of Proceeds:

Note: If fundraiser is being held for an organization outside of APS please attach a copy of the name, address, and phone number of the organization, i.e. any charitable organizations.

**Contact Person: _____ Email Address of Contact Person: _____

Telephone Number of the Contact Person: _____

** This person will also be responsible for submitting the accounting summary to the Business Office in a timely manner after the fundraiser is complete.

Estimated Revenue: _____ Estimated Expenses: _____

Estimated Profit: _____

Signatures: *NOTE* request **MUST BE** approved by all applicable signatories **BEFORE** event can take place!

Team/Club Leader (student): _____

Club Advisor (staff): _____

Building Principal: _____

Assistant Superintendent: _____

If declined, reason: