Date Submitted:		ASHLAND PUBLIC SCHOOLS	
Name of Fundraising Activity:		PRE-APPROVAL FUNDRAISING FORM	
Group Name:		(Form must be submitted at least two weeks prior to fundraiser)	
Date Submitted:	Name of Fundraising Activity:		
Submitted by:	Group Name:		
Dates of Fundraiser: Start:	Date Submitted:		
Description of Activity: Student Involvement: Yes: No:	Submitted by:	Position:	
Student Involvement: Yes: No: If "Yes", Please describe in detail what the students will be doing: Intended Use of Proceeds: 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:	Dates of Fundraiser: Start	:: End:	
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:	Description of Activity:		
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Glub Advisor (statt): Building Principal: Assistant Superintendent:	Estimated Profit:		
Assistant Superintendent:	Estimated Profit: Signatures: <i>NOTE</i> request M	UST BE approved by all applicable signatories BEFORE event can take p	olace!
	Estimated Profit: Signatures: <i>NOTE</i> request M Team/Club Leader (student): Club Advisor (staff):	UST BE approved by all applicable signatories BEFORE event can take p	olace!
If declined, reason:	Estimated Profit: Signatures: <i>NOTE</i> request M Team/Club Leader (student): Club Advisor (staff): Building Principal:	UST BE approved by all applicable signatories BEFORE event can take p	olace!
	Estimated Profit: Signatures: <i>NOTE</i> request M Team/Club Leader (student): Club Advisor (staff):	UST BE approved by all applicable signatories BEFORE event can take p	olace!
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