

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: