

Associated School Boards of South Dakota	NEPN Code: IAF – E(1)
Policy Reference Manual	

### **FUNDRAISER APPROVAL FORM**

Please complete the following to inform all interested of proposed fundraiser.

Program Sponsoring the Fundraiser: \_\_\_\_\_

Name of Advisor(s): \_\_\_\_\_

Starting Date: \_\_\_\_\_

Completion Date: \_\_\_\_\_

What Is To Be Sold For The Fundraiser: \_\_\_\_\_

**No fundraisers will start until approval is granted by all listed below.**

\_\_\_\_\_Advisor or Coach      Date:\_\_\_\_\_

\_\_\_\_\_Principal or AD      Date:\_\_\_\_\_

\_\_\_\_\_Superintendent      Date:\_\_\_\_\_

-  
\_\_\_\_\_Business Manager      Date: \_\_\_\_\_

Adopted: 12/14/2016