

**NEPN Code: HK-E (1)**

**FUNDRAISER APPROVAL FORM**

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

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

Name of the 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