

CAPITAN MUNICIPAL SCHOOLS

FUNDRAISER FORM

This form must be completed and returned to the Superintendent's office for final approval. All of the steps must be completed no less than one week prior to commencement of a fundraiser.

Please check all that apply:

☐ Elementary School

☐ Middle School

☐ High School

Printed Name of person submitting form: _____

Organization Requesting Fundraiser: _____

Date(s) of Fundraiser: _____

Is there a need for a facility? ☐ Yes ☐ No

(If yes, you MUST complete the **Facility Request form** on-line before submitting this form)

Brief Description of Fundraiser: _____

Projected amount of income to be made: _____

Dates of/Duration of the fundraiser (Max 2 weeks) _____

By signing this form below, the sponsor agrees to comply with state mandated depositing procedures.

Teacher/Sponsor: _____ Date: _____

Please stagger fundraisers to avoid overburdening the community and do not start this fundraiser until final approval is complete. Are you aware of any other fundraisers at this time? ☐ Yes ☐ No

Principal's Approval: ☐ YES ☐ NO

A Reason for Disapproval: _____

P

P Principal's Signature: _____ Date: _____

R **Finance Approval:** ☐ YES ☐ NO

O Reason for Disapproval: _____

V CFO Signature: _____ Date: _____

A **FINAL SUPERINTENDENT APPROVAL:** ☐ YES ☐ NO

L Reason for Disapproval: _____

Superintendent's Signature: _____ Date: _____