

GIBSON COUNTY SCHOOL DISTRICT FUNDRAISER AUTHORIZATION

Proposed fundraising activity _____

Purpose of fundraiser _____

Fund/account name _____

Current balance of fund/account \$ _____ Date _____

Anticipated date(s) of fundraiser Beginning _____ Ending _____

Expected student involvement (schoolwide or specific school organization) _____

Margin of profit (if applicable) _____

Method by which school will receive profit _____

Requested by _____ Date _____
Name/Title

Approved by _____ Date _____
Principal

Approved by _____ Date _____
Director of Schools
