

# Escambia County Schools

## Fund Raising Project

Club or Class: \_\_\_\_\_

Instructor/Sponsor: \_\_\_\_\_

Name/Description of Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates & Time Frame: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason/Justification: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPROVED**

**DENIED**

\_\_\_\_\_

Administrator's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Superintendent's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

DENIED BY (signature required)

\_\_\_\_\_

Date