

ARDMORE HIGH SCHOOL
FUND RAISER AUTHORIZATION FORM

Fund Raiser Title _____

Date _____

The following fund raiser is purposed by _____
Name of Organization

In order to raise funds for _____ and deposited into _____.
Project Account

Please identify all elements involved in this effort (ex. Company name, type of merchandise, place of sale, sale price, and etc.)

Fund Raisers must be authorized 30 days in advance.

This fund raiser will begin on _____ and conclude by _____.
Start date End date

Requested by : _____ Date of Request: _____

Principal's Action: Approved _____ Not Approved _____	
Principal's Signature: _____	Date: _____

Note: Upon completion of this fund raiser activity, the Fund Raising Report must be completed within five days of the completion of fund raiser date.