

**Madison City School System
Fund Raiser Authorization Form
_____ Academic Year**

DATE _____ **SCHOOL** _____

The following fundraiser is proposed by _____ (organization)

to raise funds for _____ (project). Please identify all

Elements involved in this effort, i.e., company name, type of merchandise, place of sale, sale price, etc.

Fundraisers must be authorized 30 days in advance.

This fundraiser will begin on _____ and conclude by _____.

Requested By: _____

Principal's Action: Approved _____ Not Approved _____.

Principal's Signature/ Date: _____

Superintendent's Action: Approved _____ Not Approved _____

Superintendent's Signature/Date: _____