

GENEVA CITY SCHOOL SYSTEM FUNDRAISING PERMIT

Name of Class/Organization: _____

Description of fundraising activity: _____

Estimated funds to be raised: \$_____

Funds will be used for: _____

Start Date: ____/____/____

End Date: ____/____/____

Signature of Staff Sponsor: _____

Date of Request: ____/____/____

[Signature(s) required from principals where fundraiser is to be conducted]

Approved/Not Approved

Approved/Not Approved

Approved/Not Approved

Principal Date
Mulkey Elementary School

Principal Date
Geneva Middle School

Principal Date
Geneva High School

Approved/Not Approved

Superintendent Date
Board of Education