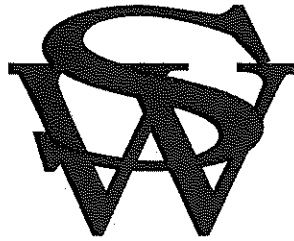


SOUTHERN WELLS COMMUNITY SCHOOLS



FUNDRAISER APPROVAL FORM

Please completely fill out this form and return it to the office for approval. If there are any questions that do not apply to your fundraiser, please indicate this with NIA in the blank.

Organization/Class: _____

Sponsoring Teacher(s): _____

Fundraiser Product/Activity: _____

Sales Dates of Fundraiser: _____

Briefly describe how the profit will be used: _____

What other fundraising projects will you be considering for this school year?: _____

Revenues: Estimated Sales: _____

Expenses: Cost of Merchandise: _____

Advertising/Promotional: _____

Postage/Mailing: _____

Miscellaneous: _____



Estimated Net Profit: _____

Submitted by: _____

----- OFFICE USE ONLY -----

Principal: _____

School Board: _____