

**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 N/A 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 are you considering for this year? \_\_\_\_\_

\_\_\_\_\_

**Revenues:** Estimated sales \_\_\_\_\_

**Expenses:** Cost of Merchandise \_\_\_\_\_

Advertising/Promotional \_\_\_\_\_

Postage/Mailing \_\_\_\_\_

Miscellaneous \_\_\_\_\_

**Estimated Net Profit** \_\_\_\_\_

Submitted by: \_\_\_\_\_

**APPROVAL REQUIRED:**

Activities Director: \_\_\_\_\_

Principal: \_\_\_\_\_

School Board: \_\_\_\_\_