



SUPER BOOSTERS FUNDRAISER APPROVAL FORM

Please submit **2 weeks In Advance** - _____
Date Submitted

Date(s) & Times of Event: _____

Organization/Team: _____

Description of Fundraiser: _____

Contact Person: _____

_____ *Phone #* _____ *Fax #*

_____ *E-Mail Address*

Certificated Staff on Duty: _____
(for evening/ weekend events)

Approval Signature #1: _____
Penn Bushong, Assistant Principal _____ *Date*

AND

Approval Signature #2: _____
Super Boosters Representative _____ *Date*

Valid from: Start Date _____ **End Date** _____
**APPROVAL IS DEPENDENT UPON THE
SUPER BOOSTERS HAVING YOUR CLUB'S FINANCIAL RECORDS**