



SUPER BOOSTERS FUNDRAISER APPROVAL FORM

**Please submit 2 weeks in advance - _____
Date Submitted**

Date(s) & Times of Event: _____

Organization: _____

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**

Copies to be distributed to the following after approval:

- School Secretary
- Activities Director
- Super Boosters Rep
- Cert. Staff on Duty

