Fundraising Approval Form

☐ SA – Draper  ☐ SA – Independence  ☐ SA – Bluffdale  ☐ SAHS

Current Date: ____________________________

This form must be completed and submitted to the Principal a minimum of two weeks before the first proposed date of the planned event. Please do not notify parents or students until you have received written approval.

Name of organization: _____________________________________________

Name of person supervising fundraising activity: ____________________________

Proposed Date(s) First: ____________________________  Second: ____________________________

Estimated cost to your organization

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<th>Item</th>
<th>Cost</th>
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<td>Item</td>
<td>Cost</td>
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Total: ____________________________

Projected Profit: ____________________________

Pre-Planned use for proceeds:

______________________________________________________________________________________________

______________________________________________________________________________________________

Describe in detail the event: (location, times, audience, logistics, etc.) Attach extra sheet if necessary.

______________________________________________________________________________________________

______________________________________________________________________________________________

List vendors involved: ____________________________

Will students, staff, or others be solicited on school property? ____________________________ If so, provide detailed explanation: ____________________________

Is a signed contract required? ____________________________ If so, please attach for approval.

The purpose of this form is to prevent multiple organizations from conducting fundraisers at the same time or with the same or similar items and to coordinate fundraising activities at the school.

For Office Use Only

☐ Approved  ☐ Denied

☐ Approved with the following conditions or days: ____________________________

______________________________________________________________________________________________

Principal Signature: ____________________________ Date: ____________________________