



SUPER BOOSTERS FUNDRAISER APPROVAL FORM

Please submit 2 weeks in advance - _____
Date Submitted

Date(s) of Event: _____

Organization: _____

Description of Fundraiser: _____

Contact Person: _____

_____ *Phone #*

_____ *Fax #*

_____ *E-Mail Address*

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

Design Approval: _____
(for artwork/logos) *Athletic Director* _____ *Date*

Approval Signature #1: _____
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