

MADISON COUNTY SCHOOL SYSTEM
FUND RAISER AUTHORIZATION FORM

DATE: _____ SCHOOL: _____

The following fund raiser is proposed by _____ (organization)
_____ (activity #) to raise funds for _____ (project).

Please identify all elements involved in this effort, i.e., company name, type of merchandise,
place of sale, sale price, etc.

Fund raisers must be authorized 30 days in advance.

This fund raiser will begin on _____ and conclude by _____.

Requested By: _____

Principal's Action: Approved _____ Not Approved _____

Principal's Signature: _____ Date: _____

Secondary/Elementary Director's Action: Approved _____ Not Approved _____
Director's Signature: _____ Date: _____

Note: Exhibit #33, Report on Fund Raising Activity, should be completed within five days after completion of the activity (see attachment).

White: Bookkeeper
Yellow: Director's Office
Pink: LSA Office
Golden Rod: Sponsor