**Westfall Local School District**

**Principal / Athletic Director Fund Raising Calendar**

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Activity Account Number** | **Student Activity Description** | **Starting Date of Activity** | **Projected Ending Date** | **Projected Revenue** | **Has Proper Documentation been Submitted** |
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Principal Date

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Athletic Director (If Necessary) Date

Submit to the Superintendent and Treasurer’s Office to assist in the timing of collections

Proper Documentation includes: **1**) Sales Project Potential **2**) Requisition

**3**) Fund Raising Advisor Acknowledgement of the Student Activity

Handbook