

# GIBSON COUNTY SPECIAL SCHOOL DISTRICT

## FUNDRAISER AUTHORIZATION

Proposed fundraising activity \_\_\_\_\_

Purpose of fundraiser \_\_\_\_\_

\_\_\_\_\_

Fund/account name \_\_\_\_\_

Current balance of fund/account \$ \_\_\_\_\_ Date \_\_\_\_\_

Anticipated date(s) of fundraiser: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Expected student involvement (schoolwide or specific school organization) \_\_\_\_\_

\_\_\_\_\_

Margin of profit (if applicable) \_\_\_\_\_

Method by which school will receive profit \_\_\_\_\_

\_\_\_\_\_

Does this fundraiser meet the nutrition standards for Smart Snacks? \_\_\_Yes \_\_\_No \_\_\_N/A

If no, identify the # of days remaining toward the 20 day limit per semester including this fundraiser. \_\_\_\_\_

Requested by \_\_\_\_\_ Date \_\_\_\_\_  
Name/Title

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
Principal

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
Director of Schools