

Gibson County Special School District

School Support Organization Proposed Fundraising Activity

School Year: _____

Date: _____

Name of Organization: _____

Proposed Fundraising Activity:

Dates and Time of the Activity: _____

Proposed facilities to be Used: _____

Proposed Use of Funds Raised:

Requested by: _____

Name/Title

Date: _____

Approved by: _____

Principal

Date: _____

Approved by: _____

Director of Schools or Designee

Date: _____