Description of Activity:		ASHLAND PUBLIC SCHOOLS
Name of Fundraising Activity: Group Name: Date Submitted: Date Submitted: Dates of Fundraiser: Start: End: Description of Activity: End: Description of Activity: Intended Use of Fundraiser: Student Involvement: Yes: No: It "Yes", Please describe in detail what the students will be doing: Intended Use of Proceeds: Intended Use of Proceeds: Contact Person: Email Address of Contact Person: Telephone Number of the Contact Person: Email Address of Contact Person: ** This person will also be responsible for submitting the accounting summary to the Business Office in a timely manner after the fundraiser is complete. Estimated Revenue: Estimated Expenses: Estimated Profit:		PRE-APPROVAL FUNDRAISING FORM
Group Name:		(Form must be submitted at least two weeks prior to fundraiser)
Date Submitted:	Name of Fundraising Activity	:
Submitted by: Position: Dates of Fundraiser: Start: End: Description of Activity:	Group Name:	
Dates of Fundraiser: Start: End: Description of Activity:	Date Submitted:	
Description of Activity: Description of Activity: Student Involvement: Yes; No:	Submitted by:	Position:
Student Involvement: Yes: No: If "Yes", Please describe in detail what the students will be doing: If "Yes", Please describe in detail what the students will be doing: Intended Use of Proceeds: Note: If fundraiser is being held for an organization outside of APS please attach a copy of the name, address, and phone number of the organization, i.e. any charitable organizations. Contact Person:	Dates of Fundraiser: Star	rt: End:
Student Involvement: Yes: No: If "Yes", Please describe in detail what the students will be doing:	Description of Activity:	
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Intended Use of Proceeds: Intended Use of Proceeds: Note: If fundraiser is being held for an organization outside of APS please attach a copy of the name, address, and phone number of the organization, i.e. any charitable organizations. Contact Person:	If "Voo" Diagon departing in a	detail what the students will be doing:
Contact Person: Email Address of Contact Person: Telephone Number of the Contact Person:	Note: If fundraiser is being h	eld for an organization outside of APS please attach a copy of the name, address, and phone
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fundraiser is complete. Estimated Revenue: Estimated Expenses: Estimated Profit:	Telephone Number of the Co	ontact Person:
Estimated Profit:Signatures: NOTE request MUST BE approved by all applicable signatories BEFORE event can take place! Team/Club Leader (student): Club Advisor (staff): Building Principal:Assistant Superintendent:		sponsible for submitting the accounting summary to the Business Office in a timely manner after the
Signatures: NOTE request MUST BE approved by all applicable signatories BEFORE event can take place! Team/Club Leader (student): Club Advisor (staff): Building Principal: Assistant Superintendent:	Estimated Revenue:	Estimated Expenses:
Team/Club Leader (student): Club Advisor (staff): Building Principal: Assistant Superintendent:	Estimated Profit:	
Club Advisor (staff):	Signatures: NOTE request N	IUST BE approved by all applicable signatories BEFORE event can take place!
Club Advisor (staff):	Team/Club Leader (student):	
Assistant Superintendent:	Club Advisor (staff):	
	Building Principal:	
If declined, reason:		
	Assistant Superintendent:	