

FUND RAISING APPROVAL FORM

GRADE(S) or GROUP making request _____

This project will benefit (a grade? Organization?)

Dates of activity or sales (and time): _____

Description of project: _____

DURING class time? yes no

Classes that might be missed by some students (who will need a signed permission form [*in the Lounge*]) _____

How many days will classes be missed? _____

How many students need to miss this/these classes each day? _____

PREPARATION TIME NEEDED? When? _____

Who will do this prep? _____

Which adult will supervise the preparations? _____

ADULT CONSULTANT/PROJECT SUPERVISOR _____

Phone number? _____ who spoke to this person? _____

APPROVALS:

Rabbi Isaacs _____

Dr. Butler _____

Mrs. Milch _____

* Mrs. Iszauk _____

* PTA _____

Mrs. Aronson _____

(* Rabbi Isaacs may excuse you from getting these signatures in some cases)
A copy of this form should be kept in the office. **Please try to have all signatures in at least one week before beginning your project.**