MONOMOY REGIONAL SCHOOL DISTRICT
FUND RAISING APPROVAL FORM

Date of Request ____________________ School ____________________

Name of Group ________________________________________________

Faculty Advisor or Responsible Party _______________________________________

Dates of Fund Raiser ________________________________

Type of Fund Raiser Event: ________________________________________

Purpose of Fund Raiser ________________________________________

__________________________________________________________________

In what Account will funds be deposited? ______________________________________

Approval ______________________ Date ____________
Athletic Director

Approval __________________________ Date ____________
Principal __________________________ Date ____________
Superintendent ____________________ Date ____________

__________________________________________________________________

School Committee __________________________ Date ____________
If door-to-door solicitation then approval of the School Committee is required

__________________________________________________________________

After the fund raiser, fill in the information requested below and send copies of this entire form to the Principal and the Superintendent of Schools.

Gross Receipts __________________________
Expenses __________________________
Profit __________________________

__________________________________________________________________

Signature of Advisor or Responsible Party