

**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 _____

Approval _____
Principal Date Superintendent Date

If Door-to-Door Solicitation approval by School Committee is required

School Committee Date

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