

FUNDRAISER AUTHORIZATION

1. Proposed fundraising activity Little Debbie Snacks
2. Purpose of fundraiser Student accounts
3. Fund/account name OHS Color Guard Student Accounts
4. Current balance of fund/account: \$ 50 (List Attached) Date _____
5. Anticipated date(s) of fundraiser: Beginning 10/1/16 Ending 11/1/16
6. Expected student involvement (schoolwide or specific school organization) _____
OHS Color Guard
7. Margin of profit (if applicable) 50%
8. Method by which school will receive profit cash/check payment
Direct Sales

Requested by Rebecca Strunk
(Name/Title)

Date _____

Approved by Kami Byrd
(Principal)

Date 8/29/16

Approved by _____
(Director of Schools)

Date _____

Date of School Board Action/Approval: _____