

FUNDRAISER AUTHORIZATION

1. Proposed fundraising activity Doughnuts
2. Purpose of fundraiser O.M.S. Dance Team
3. Fund/account name O.M.S. Dance Team
4. Current balance of fund/account: \$ _____ (List Attached) Date _____
5. Anticipated date(s) of fundraiser: Beginning _____ Ending _____
6. Expected student involvement (schoolwide or specific school organization) _____
O.M.S. Dance Team
7. Margin of profit (if applicable) _____
8. Method by which school will receive profit _____

Requested by Rachel Smith Date 5/11/12
(Name/Title)

Approved by Kevin Byrd Date 5/14/12
(Principal)

Approved by _____ Date _____
(Director of Schools)

Date of School Board Action/Approval: _____