

FUNDRAISER AUTHORIZATION

1. Proposed fundraising activity Fruit Sales
2. Purpose of fundraiser Individual Band Accounts
3. Fund/account name Orinda Band Association
4. Current balance of fund/account: \$ _____ (List Attached) Date _____
5. Anticipated date(s) fundraiser: Beginning 11-01-11 Ending 11-30-11
6. Expected student participation (schoolwide or specific school organization) _____
All Band Students 6-12
7. Margin of profit (if applicable) ?
8. Method by which school will receive profit Cash

Requested by DAVID SLAY BAND FUND COOR Date 9-01-11
(Signature) (Title)

Approved by Kari Byrd Date 9/7/11
(Signature) (Title)

Approved by _____ Date _____
(Signature) (Title of Schools)

Date of School Board approval: _____