## JOHNSON COUNTY SCHOOLS Fundraising Activity Authorization

rund account name		
Current fund account b	alance:	
Sponsor:		
Anticipated date(s) of t	fundraising activity:	
Purpose of proposed fu	indraising activity:	
Expected student invol	vement (School-wide or Class/Clu	ıb:)
Expected margin of pro	ofit:	
	chool will receive the profit: direct proceeds or reimbursement	
Requested by:	Name/Title	Date:
Requested by:	Name/Title	Date:
	Name/Title School Principal	
Approved by: NOTE: ONLINE FUN WIDE ACTIVITIES R	Name/Title	Date:
Approved by: NOTE: ONLINE FUN WIDE ACTIVITIES R OR DESIGNEE.	Name/Title School Principal NDRAISING (GoFundMe, Donors	Date: Choose, etc) AND SC THE DIRECTOR OF SCI

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