

**Manchester City Schools
Fundraising Activity
Authorization Request**

Date: ____/____/____

Please check school: ____ CSE ____ WES ____ WJH

Name of Fundraising Activity: _____

Group Conducting Fundraising Activity: _____

Person Responsible for Fundraising Activity: _____

Beginning Date of Fundraising Activity: ____/____/____ Ending Date: ____/____/____

Purpose of Fundraising Activity: _____

Proposed uses of funds Raised (Please List): _____

Description of Student Involvement in the Activity: ____ School-Wide ____ Individual Club

Margin of Profit: _____

How is Profit to be Paid to the School? _____

If School Support Organization/Booster Club, please complete:

Representative's Signature: _____

Approved by SSO/Booster Representative ____yes ____no

Contract with school complete (if applicable) and copy attached: ____yes ____no

Approved by Building Principal: ____yes ____no Signature: _____ Date: _____

Approved by Director of Schools: ____yes ____no Signature: _____ Date: _____