

FUND-RAISER PERMISSION FORM

DATE: _____

DATE OF ACTIVITY: _____ TIME: _____

SPONSORING GROUP: _____

DESCRIPTION OF ACTIVITY: _____

PURPOSE OF ACTIVITY: _____

Sponsor's Signature

Presented to Student Council on _____
DATE

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1**

STUDENT COUNCIL

APPROVED DISAPPROVED

If STUCO approved, STUCO signatures are required.

STUCO President

Sponsor

Sponsor

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2**

ADMINISTRATIVE AUTHORIZATION

APPROVED DISAPPROVED

Administrator's Signature

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3**

NOTE: Upon administrative approval, copies are to be given to each sponsor whose signature appears above.