

South Hamilton Community School District Fundraising Project Form

Sponsoring Organization/Activity	
Activity Sponsor/Coach	
Number of Students involved / Grade Level	
Starting Date of Project	
Ending Date of Project	
Description of the fundraising project	
Anticipated income from the activity	
Income to be used for	
Are there any special considerations required to ensure the safety of students involved or any special permits needed	

Sponsor/Coach Signature

Date _____

Principal/A.D. Signature

Date _____

Superintendent Signature

Date _____

_____ Approved or Denied
Date reviewed by the Board

