JACKSON COUNTY SCHOOLS
APPROVAL OF ONLINE/DATA/CROWD FUNDING ACTIVITY

School Name: _____

Organization/Club Name: _____

Description of Fund Raiser: _____

_____

_____

_____

Company Managing: _____

Items to be Sold (if any): _____

	From:	Through:
Dates of Fund Raiser:	_____	_____
	From:	**Through:**
Dates Funds to be Collected:	_____	_____

Projected Revenue: $ _____ **(amount of all funds collected)**

Projected Cost: $ _____ **(amount company will charge)**

Projected Profit: $ _____ **(amount organization/club will receive)**

Submitted by: _____ _____
Organization Coach/Sponsor **Date**

Approved by: _____ _____
School Principal **Date**

Approved by: _____ _____
Superintendent **Date**

THIS FORM MUST BE SUBMITTED FOR APPROVAL BY THE SUPERINTENDENT AT LEAST 10 DAYS PRIOR TO START OF FUNDRAISER