KNOX COUNTY SCHOOLS Finance Department

SUPPORT GROUP PROPOSED FUNDRAISING ACTIVITIES

This request must be approved at least 30 days prior to the beginning of the fundraising event.

NAME OF SUPPORT GROUP		
School Name		
Proposed fund raising activity		
Purpose of funds raised		
Anticipated date(s) of fundraiser: Beq	ginning	Ending
Begi	n Time E	End Time
Expected student involvement (school-wide or specific school organization)		
Method by which school will receive profit.		
Requested by:		
Support Group President:		Date
Support Group Treasurer:		Date
Approved by:		
Principal Signature:		Date
Director of Schools/Designee:		Date