

ARLINGTON CENTRAL SCHOOL DISTRICT

FUND RAISING EVENT PROPOSAL

TO: Superintendent of Schools

DATE: _____

FROM: _____ SCHOOL: _____

cc: Assistant Superintendent for Business
Assistant Superintendent for Human Resources
Club Accounts Auditor

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The following is recommended as a fund raising event:

Title/name of event: _____

Date(s)/time(s) of event: _____

Title of extra classroom activity associated with fund raiser: _____

Description of event and participants:

How will funds be raised/collected/charged? What are fees charged to participants?

What staff or other individual(s) will be employed/administering the event? At what level of compensation? (If compensation is being received please note that this form does not fulfill the required documentation for payment to employees.)

How will the proceeds of this event be used? If for monetary stipends of any variety, identify each individual and monetary award intended.

Coordinator/Teacher

Coordinator/Teacher Print Name

Building Principal

Superintendent of Schools