



Hampton School District

FUNDRAISER APPROVAL REQUEST FORM

All fund raising activities held in the District or in the name of the District must be **pre-approved** in writing by the Superintendent and affected school principal.

❖ Prior to completing this form please refer to HSD Board Policy 6.6, 7.6 and 7.7

School Name: _____

Organization Name: _____

Person Responsible: _____ Phone #: _____

Product: _____

Vendor and Contact Information: _____

Profit: _____

Sales Dates: _____

Use of Funds: _____

Person Responsible Signature: _____ Date: _____

Principal/Director (please check) Approved _____ Not Approved _____

Signature: _____ Date: _____

Superintendent (please check) Approved _____ Not Approved _____

Signature: _____ Date: _____