

MADISON PUBLIC SCHOOLS
Department of Athletics

Fundraising Proposal

Date: _____

Organization: _____

Event: _____

Date(s) of event(s): _____

Purpose of event: _____

(Please specify how the funds raised will be used)

Outline of event (materials to be used/distributed): _____

Please submit copies of all materials to be used/distributed.

Location of event: _____

Time of event(s): _____

Projected Income: _____ Projected expenses: _____

Signatures required:

Advisor: _____ Phone: _____

Contact Person: _____ Phone: _____

Student Representative: _____ Period 2 Teacher: _____

Athletics Director: _____ Building Admin.: _____

Comments: _____

Approved: _____ Not Approved: _____ Date: _____