

**WILSON COUNTY SCHOOLS  
PTO/BOOSTER CLUB  
FUNDRAISER AUTHORIZATION**

**Organization:** \_\_\_\_\_

**Name of School Being Represented:** \_\_\_\_\_

**Proposed Fundraising Activity:** \_\_\_\_\_

**Purpose of Fundraiser:** \_\_\_\_\_

**Fund / Account Name:** \_\_\_\_\_

**Current Balance of Fund / Account:** \$ \_\_\_\_\_ **Date:** \_\_\_\_\_

**Anticipated Date (s) of Fundraiser: Beginning:** \_\_\_\_\_ **Ending:** \_\_\_\_\_

**Expected Student Involvement (school wide or specific school organization):** \_\_\_\_\_

\_\_\_\_\_

**Who Collects Funds? Students** \_\_\_\_\_ **Parents** \_\_\_\_\_

**Margin of Profit (if applicable):** \_\_\_\_\_

**Requested by (Name / Title):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved by (Principal):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved by (Director of Schools):** \_\_\_\_\_ **Date:** \_\_\_\_\_