

THOMASTON PUBLIC SCHOOLS  
Thomaston, Connecticut

FUND-RAISING ACTIVITY APPROVAL FORM  
FOR POLICIES 1324 & 3281

School: \_\_\_\_\_ Date: \_\_\_\_\_

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

Supervisor/Contact Person: \_\_\_\_\_

Fund Raising Activity: (Please Check One)

Gift/Donation

Raffle/Solicitation

Sale of Goods

Sale of Services

Details of Fund Raising Activity: \_\_\_\_\_

\_\_\_\_\_

Other (explain): \_\_\_\_\_

\_\_\_\_\_

Date of Fund-Raising Activity: \_\_\_\_\_

Value of Gift or Donation: \_\_\_\_\_

If sale of good or services, indicate sales price or range of sales prices: \_\_\_\_\_

Will items for re-sale be purchased using districts governmental sales and use tax exemption:

Yes  No If no, explain \_\_\_\_\_

\_\_\_\_\_

Estimated revenue from activity: \_\_\_\_\_

Principals Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business Office Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendents Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

Board approval date if required: \_\_\_\_\_