



Salem Academy Charter School

Athletic Fundraising Form

(Must be submitted/approved 3 weeks prior to fundraiser)

Date of the Request:_____

Program Submitting the Fundraiser:_____

Start Date of the Fundraiser:_____ **End Date of the Fundraiser:**_____

Person Responsible:_____

Fundraising Location:_____

Fundraising will target (Circle all that apply): Students- Parents/Families-Businesses-Other

Fundraising Money will be used for:_____



Athletic Director Signature:_____

Date:_____

Development Director:_____

Date:_____

Executive Director:_____

Date:_____