

Davison Band & Orchestra Booster
Fund Raiser Documentation Form

Fund Raiser or Event Name: _____

Overseer(s):

Participants: _____

Description: _____

Date: From: _____ **To:** _____

Place (If applicable): _____

Time (If applicable) From: _____ **To:** _____

Purpose (How will money be used): _____

Student Eligibility for Funds (IF applicable): _____

Date Approved: _____

Approval Signature _____
(President or Vice President)

Booster Meeting: _____ **Other:** _____

Event Record:

Money raised: _____

Expenses: _____

Total Profit: _____

Notes: _____

