THE SCHOOL BOARD OF BROWARD COUNTY, FL

PROJECT APPROVAL FORM

This form must be completed and submitted to the Administration at least two weeks prior to the start of the project.

Name of Requesting Organization		Today's Date
Brief Description of Project		
Date(s) requested: 1 st Choice	2 nd Choice	3 rd Choice
Will the project or sale take place on	the high school campus? _	
Specific Location		
If the project or sale takes place off ca	ampus, specify the location	and address:
Type of Project (check one)		
Community Service School Service	ervice Faculty Rela	tions School Spiri
Citizenship Development Fun	draising Membersh	ip Motivation
If the project is a fundraiser, state the	purpose of the sale	
Financial Report Due Date (If require	ed)	
After the project has received final administration.		
President of Organization		Teacher/Sponsor
Bookkeeper (if required)		Administrative Approval

White copy to School, Yellow copy should be sent to Student Activities Office (1/90) Replaces Form #W18796