



Activity Purpose Summary

Albert Lea Area Schools 241

Date: 2/6/2025 Name of Activity: Speech Team

Purpose of Activity: This activity gives students the opportunity to perform, analyze bigger ideas, and give concise arguments/discussions on a variety of topics.

Grade(s) of students who will benefit from Activity:

Student activities are in nature by the students and for the students. The Advisor role is limited to advising only. The students should be making the decision regarding the allocation of the funds.

I, Dean Pope (advisor) have read and understand the attached rules and policies. I acknowledge my responsibilities for assuring proper procedures are followed.

Dean Pope
Advisor's Name (printed)

[Signature]
Advisor's Signature

02/06/25
Date

Principal's name (printed)

Principal's Signature

Date

Upon termination of the above named activity, any unobligated funds that remain in the account will be transferred to: _____

Dean Pope
Advisor's Name (printed)

[Signature]
Advisor's Signature

02/06/25
Date

*Addie J...
Student Rep's name (printed)

*Addie J...
Student Rep's Signature

02/06/25
Date

Principal's name (printed)

Principal's Signature

Date



Meeting Minutes and Budget

Albert Lea Area Schools 241

Date: 2/6/2025 Name of Activity: Speech Team

Advisor: _____

Members Present: Adele Hellekson, Ian Taylor

Members Absent: Maddie Balthazor, Jaelani William, Jackson Bighley

Budget (revenues should equal expenditures)

Revenues (add up total)
Total:

Expenditures (add up total)
Total:

No contact shall be made or authorized, required payments under the contract must be made by the district following normal district processes. Student activity accounts cannot advertise, solicit and award bids. Proceeds of the revenue from vending contracts must not be deposited in any student activity account.

Approval of the budget

Yes _____ No _____

Other items discussed:

Minutes Approved (print): Dean Pope
Advisor

Adele Hellekson
Student Rep

Minutes Approved (sign): [Signature]
Advisor

Adele Hellekson
Student Rep



Anticipated Fundraisers

Albert Lea Area Schools 241

Date: _____ Name of Activity: _____

Description of Fundraiser	Purpose of Fundraiser	Approximate Date(s)	Sales Tax? (Yes or No)	Contract involved? (Yes or No)
None				