

Request for Approval: Fund-Raising Event

(Name of School)

(Name of Club)

Request for Fund-Raiser Approval

Fiscal Year: _____

Note: To be approved, applications must be submitted at least four (4) weeks prior to requested date.

Applications must be approved by principal/site administrator prior to the activity/fund-raiser.

Date form submitted: _____

Name of Club/Organization(s): _____

PROPOSED ACTIVITY:

Name of activity or type of fund-raiser: _____

Location of activity: _____

Facilities needed: _____

Items to be sold: _____

Date of activity: _____

First choice: _____ Alternate date: _____

Time of activity: From _____ a.m./p.m. To: _____ a.m./p.m.

Ticket selling price: \$ _____

Cash box/Tickets required? Yes or No

Number of items purchased for sale: _____ @ \$ _____ each = \$ _____

ASB purchase order required? Yes or No

How much income is anticipated? \$ _____ How much expense is anticipated? \$ _____

How will profit be used? _____

Note: Revenue analysis is due two weeks after close of activity/fund-raiser.

Club Representative: _____
Name, Signature and Date

Club Advisor: _____
Name, Signature and Date

Student council recommendation (circle one) Yes No

Student council representative: _____
Name, Signature and Date

Site Administrator or Designee Recommendation (circle one) Yes No

Site administrator or designee: _____
Name, Signature and Date

Presented to ASB on: _____
Signature, Title and Date

Presented to district office on: _____
Signature, Title and Date

Date approved for/recorded on master calendar: _____

Disapproved/reason for disapproval: _____