

Request for Approval: Fundraising Event with Revenue Projection Information

Name of School: _____

Name of Club: _____

Request for Fundraiser Approval and Revenue Projection

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/school administrator prior to the activity/ fundraiser.

Date form submitted: _____

PROPOSED ACTIVITY:

Name of activity or type of fundraiser: _____

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 No

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

ASB purchase order required? Yes No

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

How will profit be used? _____

Note: Revenue analysis (fundraiser versus actual statement) is due two weeks after close of activity/fundraiser.

Approval

Submitted and Approved by:

Student Club Representative: _____
Signature, Title and Date

Club Advisor: _____
Signature, Title and Date

Student Council Recommendation: Yes No

Student Council Representative: _____
Signature, Title and Date

Principal/School Administrator or Designee Recommendation: Yes No

Approved by:

Principal/School Administrator: _____
Signature, Title and Date

ASB Student Council President: _____
Signature, Title and Date

Recorded in ASB Student Council Minutes on: _____
Date

Presented to District Office, if applicable, on: _____
Date

Reason for disapproval, if applicable: _____

Date approved for/recorded on master calendar (If applicable): _____