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):