## Request for Approval: Fundraising Event with Revenue Projection Information

PROPOSED ACTIVITY:  Name of activity or type of fundraiser:  Location of activity:  Facilities needed:  Items to be sold:  Date of activity:  First choice:  Time of activity: Froma.m. /p.m. To:a.m. /p.m.  Ticket selling price: \$  Cash box/Tickets required?	Name of School:
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?	Name of Club:
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: Froma.m. /p.m. To:a.m. /p.m.  Ticket selling price: \$  Cash box/Tickets required?	Request for Fundraiser Approval and Revenue Projection
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Facilities needed:  Items to be sold:  Date of activity:  First choice:  Alternate date:  Time of activity: From  a.m. /p.m. To:  Cash box/Tickets required?  Yes  No  Number of items purchased for sale:  ASB purchase order required?  Yes  No  How much income is anticipated? \$  How much expense is anticipated? \$  Let Yes  No  How much expense is anticipated? \$  Let Yes  No  How much expense is anticipated? \$  Let Yes  No  How much expense is anticipated? \$  Let Yes  No	Name of activity or type of fundraiser:
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Number of items purchased for sale: @ \$each = \$  ASB purchase order required? □ Yes □ No  How much income is anticipated? \$ How much expense is anticipated? \$	Ticket selling price: \$
ASB purchase order required?	Cash box/Tickets required? ☐ Yes ☐ No
How much income is anticipated? \$ How much expense is anticipated? \$	Number of items purchased for sale: @ \$ each = \$
	ASB purchase order required? ☐ Yes ☐ No
and the second s	How much income is anticipated? \$ How much expense is anticipated? \$
How will profit be used?	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 🖵 N	0		
Student Council Representative:				_
	Signature, Title and	Date		
Principal/School Administrator or Designee F	Recommendation:	□ Yes	□ No	
Approved by:				
Principal/School Administrator:				
	Signature, Title and D	Date		
ASB Student Council President:	Signature, Title and D			_
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Recorded in ASB Student Council Minutes or	1:			
5 5 6				
Presented to District Office, if applicable, on:	Date			
December discoursed if applicables				
Reason for disapproval, if applicable:				
Date approved for/recorded on master calend	dar (If applicable): _			