

Fund Raising / Activity Request form

This form must be completed and signed by an administrator **before** the fundraising activity begins.

Name of Organization: _____

Type of Activity: _____

Location of Activity: _____

Beginning Date of Activity: _____ Ending Date: _____

Please specify the purpose of the fundraiser: _____

List of Expenses (please attach itemized list)

If fundraising, how much money do you project raising _____ and if using a company that requires a percentage of your profit, how much do you project them earning _____.

I am aware that I am responsible for proper documentation of sales that includes: First and Last Name, an address or phone number, donations, amount sold and/or an inventory sheet (please initial) _____

I am aware that district and purchasing procedures must be followed in the event Fund Raising supplies must be pre-purchased (please initial) _____

Signature of Student Representative: _____

Signature of Faculty Advisor: _____

Signature of Administrator: _____ Approved Denied

Signature of Superintendent: _____ Approved Denied

Signature of ASB Treasurer _____ Approved Denied

If proposed activity is a dance, please fill out this portion of the form also.

Person (s) in charge of decorations: _____

Person (s) in charge of refreshments: _____

Person (s) in charge of clean – up: _____

Admission prices (singles) _____ (couples) _____

Names of Chaperones:

1. _____ 3. _____

2. _____ 4. _____