

_____ School

FUNDRAISING REQUEST FORM

The ASB Council is required to approve any fundraising activity. You must have this form approved prior to your fundraiser. Once approved, you are required to deposit any funds raised to the Finance Office daily.

Student Making Request: _____

Club Name: _____

Certificated Faculty Club Advisor: _____

Today's Date: _____

Description of Fundraiser:

Purpose of Income:

Proposed Date(s) of Sale:

Facility Needed (if any):

Student Signature

Certificated Faculty Advisor



Signature

(For ASB Use Only)

Date Received: _____ Fundraiser Approved Fundraiser Not Approved

Reason:

Fundraising Activity: _____ Approved Sale Date(s): _____

ASB Commissioner of Clubs/Fundraising

ASB Advisor

Principal or Designee