

Request for Approval: Fundraising Event

Name of School: _____

Name of Club: _____

Request for Fundraiser Approval

Fiscal Year: _____

Date this form is completed: _____

Proposed event: _____

Description of fundraiser:

Requesting Club/Organization(s): _____

Proposed Date(s) of Event: _____

Club Contact Person: _____

ASB or Club Advisor: _____

Location of Proposed Activity: _____

Status of Event (select one): New Event Held Previously (Years): _____

Budget Plan for Activity (Attach Description)

Revenue Potential form completed? Yes No (attached form if completed)

Other Background Information (such as other schools or clubs that have held similar events):

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: _____

