

Forms

Request for Approval: Fund-Raising Event

(Name of School)

(Name of Club)

Request for Fund-Raiser Approval

Fiscal Year: _____

Date this form is completed: _____

Proposed event: _____

Description of fund-raiser: _____

Requesting Club/Organization(s): _____

Proposed Date(s) of Event: _____

Club Contact Person: _____

Club Advisor: _____

Location of Proposed Activity: _____

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

Budget Plan for Activity (Attach Description)

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

Club Representative: _____

Name, Signature and Date

Club Advisor: _____

Name, Signature and Date

Student Council Recommendation (circle one) Yes No

Student Council Representative: _____

Signature, Title and Date

Site Administrator or Designee Recommendation (circle one) Yes No

Site Administrator or Designee: _____
Signature, Title and Date

Presented to ASB on: _____
Signature, Title and Date

Presented to District Office on: _____
Signature, Title and Date

Reason for disapproval, if applicable: _____

