Santa Barbara Unified
Every child, every chance, every day.

FUNDRAISING ACTIVITY FORM

School _____ **Year** _____

Activity date(s)	Club or sport	Contact person/ advisor	Activity	Sales period			Indicate how funds will be used	Retail cost *per single item*	Projected gross income	Projected expenses	Projected profit
				Before, during, or after school	On or off campus	Event *(list specific event)*					