



Simi Valley High School- Fundraising Request Booster Programs

All fundraising requests must be turned into ASB two weeks in advance of request

Name of requesting Boosters: _____

Date this form is completed: _____ Fiscal Year: _____

Booster President or designee: _____

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

Budget Plan for Activity (Attach Description)

Time and Location of fundraising activity: _____

Duration of fundraising activity: _____

Other Background information (such as other clubs that have and or special circumstances)

Proposed Activity:

(brief description of the fundraising activity being proposed, e.g. what will be taking place at the fundraising activity, who is involved, what is required of students, location, etc.)

Purpose of fundraising:

Booster Representative: _____

(Signature, title, date)

Head Coach/Director/Conductor: _____

(Signature, title, date)



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Section below is for the student council records

Student Council Meeting: _____

Student Council Approval (circle one) Yes No TBD

Approval/Denial Submitted and Approved by: _____

Principal/School Administrator _____
(Signature, date)

ASB President _____
(Signature, date)

Recorded in ASB Student Council Minutes on: _____
(date)

Reason for disapproval:
