

# FUNDRAISING/ACTIVITY APPROVAL FORM



School/Site: \_\_\_\_\_

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

Club/Sport/Organization: \_\_\_\_\_ Club #: \_\_\_\_\_

Description: \_\_\_\_\_ Flyer attached?: Yes  No

Dates requested for fundraiser: From: \_\_\_\_\_ To: \_\_\_\_\_

Location of proposed fundraiser/activity (check one): Budget plan for activity attached?:  
 On Campus  Off Campus Only  Both on and off campus Yes  No

Club contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Club Advisor Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Student Representative: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please Note:** Do not start organizing your proposed fundraiser/activity until you have received a copy of this request form back which has been signed by the Principal/Designee and approved by ASB, giving approval for the fundraiser/activity on the calendar.

**\*\*All fundraising event profit forms from the previous month must be turned in before approval is granted\*\***

Student Council Recommendation:	Approved:	<input type="checkbox"/>	Denied	<input type="checkbox"/>	Signature: _____
Principal/Designee Recommendation:	Approved:	<input type="checkbox"/>	Denied	<input type="checkbox"/>	Signature: _____
Reason denied: _____					
Facilities Approval :	_____ (Initial)	Activities Director Approval:	_____ (Initial		
Recorded in ASB Student Council Minutes On:	_____ (Date)				

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