

***Ridgeview Middle School
Associated Student Body***

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 (check one): ☐ New Event ☐ Held Previously (Years): _____

Budget Plan for Activity: (Attach Description)

Revenue Potential completed (estimated sales/cost on page 2)? ☐ Yes ☐ No

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)

School Administrator Recommendation (at Fox Meeting): ☐ Yes ☐ No Date: _____

School Administrator: _____
(Signature, Title and Date)

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

**Ridgeview Middle School
Associated Student Body
Fundraising Event Profit/Revenue Projection**

School Name: _____ **Fiscal Year** _____

Name of Event: _____

Date of Event: _____ **Date Form Completed:** _____

Part I: Revenue	Estimated Sales			Actual Sales			Difference	
Revenues	Number	Unit Price	Total	Number	Unit Price	Total	Units	Dollars
Number of tickets sold			\$			\$		\$
Number of items sold			\$			\$		\$
Other Revenues			\$			\$		\$
(describe)			\$			\$		\$
(describe)			\$			\$		\$
(describe)			\$			\$		\$
Total All Revenue								\$

Shortages							
Given away (attach documentation)						\$	
Lost (attach documentation)						\$	
Stolen (attach documentation)						\$	
Damaged/Returned						\$	
Remaining Unsold						\$	
Total all losses						\$	
Total Revenue	(Revenue - Shortages)					\$	

Part II: Expenses	Estimated Cost			Actual Cost			Difference	
Expenses	Number	Unit Price	Total	Number	Unit Price	Total	Units	Dollars
Other Expenses			\$			\$		\$
Supplies			\$			\$		\$
Advertising			\$			\$		\$
Custodial Overtime			\$			\$		\$
Fees			\$			\$		\$
(describe)			\$			\$		\$
(describe)			\$			\$		\$
Total Expenses								\$

Part III: Net Profit for this Activity:	\$
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Submitted and approved by: _____
Signature, Title, and Date

Student Club Representative: _____
Signature, Title, and Date

Club Advisor: _____
Signature, Title, and Date

Administrator: _____
Signature, Title, and Date