

# 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)                           |                  |

What is the purpose of this fundraiser? \_\_\_\_\_