

# JOHN BURROUGHS HIGH SCHOOL ASSOCIATED STUDENT BODY

1920 W Clark Ave. Burbank, CA 91506 – Phone (818) 729-6900



## ASB FUNDRAISER REQUEST FORM

Organization Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date(s) of Fundraiser: \_\_\_\_\_

Time of Fundraiser: From \_\_\_\_\_ To \_\_\_\_\_

Location of Fundraiser: \_\_\_\_\_

Description of Fundraiser: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Advisor/Coach Name: \_\_\_\_\_

Status of Event (Check One):  New Event  Held Previously  
(# of Years): \_\_\_\_\_

Will funds be handled by organization directly?  Yes  No

### **BUDGET PLAN: Ticket Sales**

Cash Box Required?  Yes  No

If Yes, What are Ticket Prices? \_\_\_\_\_

### **BUDGET PLAN: All Other Items**

Cash Box required?  Yes  No

If Yes, What are Item Prices? \_\_\_\_\_

(Revenue Potential Form will need to be completed & turned in with Currency & Cash Box)

Advisor/Coach Signature: \_\_\_\_\_

### **APPROVALS:**

ASB Recommendation:  Yes  No

Auditor Signature: \_\_\_\_\_

Disapproved

Reason for Disapproval: \_\_\_\_\_