



MT. DIABLO UNIFIED SCHOOL DISTRICT  
JAMES W. DENT EDUCATION CENTER  
1936 Carlotta Drive  
Concord, CA 94519-1397  
Phone (925) 682-8000

## Student Body Club/Class Fundraiser Approval Request (attach Student Body Club/Class Activity Revenue/Expense Statement)

Name of School: \_\_\_\_\_ Fiscal (School) Year: \_\_\_\_\_

Date this form is completed: \_\_\_\_\_ Club/Class: \_\_\_\_\_

Proposed Event Name: \_\_\_\_\_

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

Specify use of raised funds: \_\_\_\_\_  
\_\_\_\_\_

Location of Proposed Activity: \_\_\_\_\_

\_\_\_\_\_  
Club/Class President: Print, Sign, & Date

\_\_\_\_\_  
Club/Class Treasurer: Print, Sign, & Date

\_\_\_\_\_  
Club Advisor: Sign & Date

Recorded in ASB Student Council Minutes on: \_\_\_\_\_

\_\_\_\_\_  
ASB Student Council President: Print, Sign, & Date

\_\_\_\_\_  
ASB Student Council Treasurer: Print, Sign, & Date

\_\_\_\_\_  
ASB Student Council Advisor: Sign & Date

\_\_\_\_\_  
ASB Admin: Sign & Date