



Kings Canyon Fundraising Application



School: _____

District Use Only App # _____

| | |
|-----------------------------|----------------------------|
| Name of Club: | Account #: |
| Title of Fundraiser: | Type of Fundraiser: |

| |
|-----------------------------------|
| Place: |
| General Program for Event: |

| | | | |
|----------------------------|------------------------|-------------------|----------------|
| Date of Fundraiser: | Hours Included: | Lunch Time | AM / PM |
|----------------------------|------------------------|-------------------|----------------|

| | |
|--------------------------------------|---|
| Adult Advisors or Chaperones: | Officers of Sponsoring Organization: |
| | |
| | |
| | |

Check one:

I understand, that within ten days of completing this fundraiser, I must submit a Fundraiser Reconciliation / Accountability Form to the School bookkeeper.

This will be an on-going fundraiser for this school year. I understand I must submit a Fundraiser Reconciliation / Accountability Report to the school bookkeeper at least one week prior to the close of school.

| | | A | B | (AxB) | C | (AxC) |
|---|---------------------------------|-------------------------------|---------------|------------|------------------------|------------------|
| Name of Vendor to be Paid through Requisition Request (If none leave this column blank) | Description of Items to be sold | # Items Ordered or # Per case | Cost Per Item | TOTAL COST | Selling Price per item | Estimated Profit |
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Actuals: | | | | | | |
| | TOTALS | | | | | |

Activities Director: _____ **Date:** _____ **Principal:** _____ **Date:** _____

District Superintendent: _____ **Date:** _____

For ASB USE Only:

Submitted minutes approving fundraiser Submitted All PO Forms Submitted Cash Box forms Submitted Use of Facilities Club Deposit Form



Revenue Potential & Recap

To be submitted for Board Approval with Application for Fundraising Activity.
Please make a copy, you will need to fill out the bottom at the end of the fundraiser.

School _____
 ASB Club _____
 Advisor _____
 Type of Event _____
 Date of Event _____

1. Cost of items to be sold \$
 2. Number items to be sold
 3. Other Cost of fund raiser \$

| | | |
|-------|-----|----|
| Venue | 3.a | \$ |
| Food | 3.b | \$ |
| DJ | 3.c | \$ |
| Decor | 3.d | \$ |

4. Total cost Lines 1x2 + 3 \$
 5. Number of items to be sold
 6. Selling Price per item \$
 7. Revenue (line 5x line 6) \$
 8. Anticipated profit (line 7-4) \$

1. Actual Cost of items to be sold
 2. Actual number of items sold
 3. Actual other costs of fundraiser

| | | |
|-------|-----|----|
| Venue | 3.a | \$ |
| Food | 3.b | \$ |
| DJ | 3.c | \$ |
| Decor | 3.d | \$ |

4. Actual Cost Line 1x2+3 \$
 5. Actual Number of items sold
 6. Selling Price per item \$
 7. Actual revenue (line 5x line 6) \$
 8. Actual Profit (line 7 - 4) \$
 9. Actual Money Collected \$
 10. Money billed to Students \$