

TVHS FUNDRAISER TITLE: _____



FUNDRAISER REQUEST FORM

*** ALL FUNDRAISERS REQUIRE 7 DAYS PRIOR APPROVAL**

Today's Date _____ Advisor/Coach: _____

Advisor's/Coach's E-mail: _____

Club/Organization/Sport _____

Where are the funds being deposited? Check one. Group's ASB Account Parent Booster Group

Fundraiser Description _____

Fundraiser **Start** Date _____ Fundraiser **End** Date _____

Fundraiser Location (Circle all that apply) **ON Campus** **OFF Campus**
FACILITY REQUEST MAYBE REQUIRED

Off Campus (Specify the location: _____)

Description of the event or item(s) being sold _____
(i.e. tournament fees, donation, % receipts, meals, water, jewelry, coupons books, entry tickets, etc.)

REVENUE POTENTIAL		
Estimated Total Sales / Income (Sales Price x # of Items)	Estimated Total Expenses (Cost, Shipping, Custodial, etc.)	Estimated Profit (Est. Sales – Est. Expenses)

** If the fundraiser is a **flat percent** of items sold, please enter the sales percent: _____%.

REQUIRED: Cash Box Tickets Ticket selling price(s): _____

NOTES

* All food items must meet nutrition requirements if sold on campus before 3pm on a school day.
Attach all food labels of any items being sold.

* All proposed sale of apparel must be submitted with a TVHS Apparel Approval Form and a hard/digital copy of the design.

* All monies and charge slips must be turned into the bookkeeper no later than one (1) week after fundraiser end date with a **Fundraising Activity Analysis**. Your sale **MUST** end on the End Date listed above. DO NOT use proceeds to directly purchase supplies.

APPROVAL

Group Rep (Advisor / Coach / Booster Rep / Club Officer)

Activities Director

ASB Executive Board Officer

ASB Approval #

Approval Date

**TURN INTO THE ACTIVITIES OFFICE, 201,
OR THE BOOKKEEPING OFFICE.**

SEE BACK FOR FUNDRAISING ACTIVITY ANALYSIS.

TVHS FUNDRAISING ACTIVITIES ANALYSIS

FUNDRAISER TITLE: _____ GROUP: _____

<i>Revenue Potential</i>		
BEFORE THE ACTIVITY BEGINS, RECORD THE REVENUE POTENTIAL FROM THE FRONT SIDE:		
Estimated Total Sales / Income <i>(Sales Price x # of Items)</i>	Estimated Total Expenses <i>(Cost, Shipping, Custodial, etc.)</i>	Estimated Profit (C) <i>(Est. Sales – Est. Expenses)</i>

<i>Actual Income</i>	
DURING AND AFTER THE ACTIVITY, RECORD THE MONIES COLLECTED:	
Deposit Date	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL Amount of Deposits Made to Your Account	\$ (A)

<i>Actual Profit</i>				
AFTER THE ACTIVITY, COMPLETE THE FOLLOWING:				
TOTAL INCOME (A)	-	Total Expenses	=	NET PROFIT (B)
	-		=	
	-		=	

<i>Variance Analysis</i>				
AFTER THE ACTIVITY, COMPLETE THE FOLLOWING:				
NET PROFIT (B)	-	ESTIMATED PROFIT (C)	=	Revenue Variance
	-		=	
	-		=	
Explanation for Variance	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>			