MURRIETA VALLEY UNIFIED SCHOOL DISTRICT

Inspiring every student to think, to learn, to achieve, to care.

Request for Fundraiser Approval

Name of School: Vista Murrieta High School

Name of Club: _____ Fiscal Year: 2026-2027

Proposed Event: _____ Date: _____

Description of Fundraiser: _____

_____

Requesting Club/Organization(s): _____

Proposed Date(s) of Event: _____

Club President: _____

Club Advisor: _____

Location of Proposed Activity: _____

Status of Event (circle one): New Event Held Previously (Years):

Budget Plan for Activity (Complete Page 2 - All of Budget Column)

Purpose of Fundraiser (what will money be spent on):_____

_____

Club Representative (name, signature, date) _____

Club Advisor (name, signature, date) _____

FOR ASB USE ONLY

ASB Recommendation (circle) **Yes** **No**

ASB Comm of Activities (name, signature, date) _____

Activity Director (name, signature, date) _____

Principal or Designee Action (circle) **Yes** **No**