AUBURN MOUNTAINVIEW HIGH SCHOOL
NOTICE OF INTENT TO RAISE FUNDS

Business Office Only: Intent # _____

DATE SUBMITTED: _____

ASB CLUB NAME: _____ ACCOUNT NUMBER: _____

ADVISORS NAME & SIGNATURE: _____

LISTED IN APPROVED BUDGET? **Y/N** **IF NO - ATTACH MINUTES APPROVING FUNDRAISER YES** ☐

CASH BOX NEEDED? YES ☐ **AMOUNT OF STARTING CHANGE NEEDED: $_____**
MAKE ONLINE SALES AVAILABLE? YES ☐

FUNDRAISING DATES BEGINNING: _____ ENDING: _____

DESCRIPTION OF
FUNDRAISER: _____
(How are you raising funds? What are you selling or doing to collect money?)

FUNDS RAISED FOR: _____
(What do you plan to spend your profit on?)

TOTAL ANTICIPATED NET PROFIT TO BE RAISED: _____

COST PER ITEM: _____

APPROXIMATE NUMBER OF STUDENTS PARTICIPATING IN ACTIVITY: _____

IF USING VENDOR, PLEASE COMPLETE THE FOLLOWING:

VENDOR NAME: _____
ACTIVE ASD VENDOR? **Y/N** IF NO, CONTACT BOOKKEEPER TO SETUP UP VENDOR WITH ASD

CHECK ONE:

☐ • REMAINING MERCHANDISE WILL BE SOLD INTERMITTENTLY REDUCED TO 50-90% OFF DURING THIS SCHOOL YEAR AND NEXT

☐ • REMAINING MERCHANDISE WILL BE SURPLUSED IMMEDIATELY ACCORDING TO WA. STATE LAW

APPROVAL BY ASB EXECUTIVE BOARD:

EXECUTIVE ASB STUDENT TREASURER	DATE
ATHLETIC/ACTIVITIES DIRECTOR/PRINCIPAL	DATE
ASB BOOKKEEPER	DATE

ALL FUNDRAISING ACTIVITIES MUST BE REGISTERED
WITH THE BUILDING BOOKKEEPER EIGHT (8) WORKDAYS BEFORE BEGINNING THE EVENT

AUBURN MOUNTAINVIEW HIGH SCHOOL CLUB/TEAM MINUTES

Team/Club Name: _____Account Number: _____

Date: _____ Total Number of Members: _____

Members Present (list names or staple a roster of members present):

This meeting was called to order by the club/sport president/captain, _____

at _____(time).

Financial Motions:

1. _____made a motion to authorize the club advisor to **collect**

   $_____for _____.

   Motion seconded by _____

   The motion passed or failed with _____votes for and _____votes against.

2. _____made a motion to authorize the club advisor to **spend**

   $_____for _____.

   Motion seconded by _____

   The motion passed or failed with _____votes for and _____votes against.

Adjournment:

Time: _____

_____ _____

Secretary Signature Date

_____ _____

Team/Club Advisor Signature Date