



Chavez Collegiate High School

Associated Student Body



ASB FUNDRAISER REQUEST

The ASB Executive Council must approve all ***fundraisers*** of all clubs & sports in advance. To obtain approval for a ***fundraiser***, you must do the following:

1. Check with the ASB to see if the date(s) are available. This does not mean you automatically have the date(s). All fundraisers are approved on a first-come, first served basis.
2. Complete an ***ASB Fundraiser Request Form***; do not leave any spaces blank.
3. Complete top portion of ***Revenue Potential form on reverse side***.
4. Complete Club meeting minutes approving the ***fundraiser***.
5. Complete Purchase Requisition if club funds will be used to purchase supplies for ***fundraisers***.
6. Turn in forms to ASB office two days prior to ASB Exec meeting for Admin approval.
7. Check with ASB Office if ***fundraiser*** was approved.

Current Date: _____ Date Received by ASB Office: _____ Time: _____

Club/Sport/Organization Name: _____

Description of items to be sold: _____

Dates/Times requested for Fundraiser: _____

Fundraiser Location: _____

How funds raised will be used: _____

of students participating: _____

Advisor/Coach Name: _____

*****Complete top portion of Revenue Potential form on reverse side prior to fundraiser*****

Club/Sport President Signature _____ Date _____ Advisor/Coach Signature _____ Date _____

NOTE:

Requests for Fundraisers will not be considered until days 15 days prior to the date requested. All request for Fundraisers will need to be submitted at least 2 weeks prior to fundraiser date. If the ASB Executive Council must decide among competing requests of two or more groups for the same fundraiser, the following criteria will be applied, in this order:

- A. Are all required forms filled out properly?
- B. Is the fundraiser and/or use of funds consistent with the mission statement of the group?
- C. Are the funds to be raised in this activity (if any) going to be used for scholarships?
- D. Which group has the greatest financial need?
- E. Coin toss

ASB OFFICE USE ONLY

Approved/Denied on: _____ Date Assigned: _____

Reason for Denial _____
(if applicable)

