

NORTH MONTEREY COUNTY HIGH SCHOOL

Request for Approval: Fundraising Event

**THIS APPLICATION MUST BE APPROVED AT LEAST ONE WEEK
PRIOR TO THE BEGINNING OF FUNDRAISER.**

NOTE: This application must be complete for it to be considered. If it isn't complete, then it will be returned to the advisor/coach. APPROVAL OF THIS APPLICATION DOES NOT GRANT PERMISSION TO PURCHASE MERCHANDISE. YOU MUST TURN IN A PURCHASE ORDER AND IT MUST BE APPROVED BEFORE ANY PURCHASES ARE MADE.

Club/Organization: _____ Advisor: _____

Date form completed: _____ (attach meeting minutes where fundraiser was discussed/approved)

Proposed Fundraiser: _____

Type of fundraiser (circle one): Catalog Sales Pre-Purchase Sales BBQ/Food Sale Dance Other

ASB/ADMINISTRATION RESERVES THE RIGHT TO LIMIT THE TIME FOR A FUNDRAISER TO ALLOW ALL CLUBS THE OPPORTUNITY TO FUNDRAISE THROUGHOUT THE YEAR. PLEASE CHOOSE MORE THAN ONE DATE. AS FIRST CHOICE IS NOT GUARANTEED.

Choice of dates: 1st Choice: _____ 2nd Choice: _____

Location of fundraiser (please circle one): On Campus Off Campus Both

Purpose of Activity and Use of Funds (must be explained): _____

If more funds are raised than needed for this purpose, the overage will be used for: _____

REVENUE POTENTIAL (PART A) - Projected Income/Expense **To be filled out BEFORE fundraiser**

Purchase Cost: \$ _____ per _____

Number of Items Purchased: _____

Selling Price Per Item: \$ _____ per _____

Potential Net Income: \$ _____

Club Advisor: _____ Date: _____

Club Representative: _____ Date: _____

NORTH MONTEREY COUNTY HIGH SCHOOL

APPROVAL

FOR ASB USE ONLY:

Date Received: _____

Approved: Yes No Date: _____ (must be in ASB meeting minutes)

If rejected, reason: _____

Commissioner of Clubs and Fundraising: _____ Date: _____

ASB Treasurer: _____ Date: _____

ASB President: _____ Date: _____

Activities Director: _____ Date: _____

Athletic Director (if a sport): _____ Date: _____

School Administrator: _____ Date: _____

ASB Accountant: _____ Date: _____

Date Activities Director emailed approval to Club Advisor and initial: _____

NORTH MONTEREY COUNTY HIGH SCHOOL

REVENUE POTENTIAL FORM (PART B) - To be filled out DURING and AFTER fundraiser

As expenses are paid and income is received, please record below:

INCOME: (if you need more lines, copy this page)

Date: _____ Receipt #s _____ Amount Deposited \$ _____

Date: _____ Receipt #s _____ Amount Deposited \$ _____

Date: _____ Receipt #s _____ Amount Deposited \$ _____

Date: _____ Receipt #s _____ Amount Deposited \$ _____

Date: _____ Receipt #s _____ Amount Deposited \$ _____

Total Income \$ _____

Expenses: (completed by ASB Accountant)

Check # _____ Vendor: _____ Amount \$ _____

Check # _____ Vendor: _____ Amount \$ _____

Check # _____ Vendor: _____ Amount \$ _____

Check # _____ Vendor: _____ Amount \$ _____

Check # _____ Vendor: _____ Amount \$ _____

Total Expenses \$ _____

NORTH MONTEREY COUNTY HIGH SCHOOL

REVENUE POTENTIAL FORM (PART C) - To be filled out **DURING and AFTER fundraiser**

Final Recap on Fundraiser

Total Income _____ - **Total Expenses** _____ = **Actual Net Income \$** _____

****Was enough money collected to meet your potential net income? If not, explain in the area below. (Did you not sell as many tickets as you estimated you would? Did some of the merchandise not get sold? Were any items stolen, lost or damaged? If merchandise is left unsold or money still out on the books (students who haven't paid), record the amounts and items below. Would your club do this fundraiser again? Was it worth the time put into it?:**

Club Advisor: _____ Date: _____

Club Representative: _____ Date: _____

Commissioner of Clubs and Fundraising: _____ Date: _____

ASB Treasurer: _____ Date: _____

ASB President: _____ Date: _____

ASB Accountant: _____ Date: _____

Activities Director: _____ Date: _____

Athletic Director (if a sport): _____ Date: _____

School Administrator: _____ Date: _____

Fundraiser Completion Date: _____

(fundraiser and all paperwork received by ASB and ASB Accountant)