

ASB General Fund

A. Request for pre-approval of fundraiser (at least two (2) weeks prior to fundraiser)

School: _____ Group Name _____ Account # _____

Proposed fundraising activity:
(What activities are you going to do) _____

Intended use of proceeds: _____

Start date of fundraiser: _____ End date of fundraiser: _____

Estimated revenues: _____ Estimated expenses: _____ *Estimated profit: _____

*Estimated Revenue - Estimated expenses = Estimated profit

Will the fundraiser be held for the benefit of an organization outside the District? Yes No
If yes, please attach a copy of the name, address, and phone number of the organization.

Do you need to reserve a District facility? Yes No
(If yes, please fill out a facility use form)

Will students be held responsible for merchandise not turned in? Yes No
(If yes, send parent permission slips for signature)

_____ Activities Coordinator's Signature & Date	_____ Student Leadership (student) Signature & Date (ASB Only)
_____ Principal's Signature & Date	_____ Team/Club Leader's (student) Signature & Date (ASB Only)
_____ Secretary's/Cashier's (staff) Signature & Date	_____ Coach's/Club Advisor's (staff) Signature & Date (ASB Only)
_____ Superintendent's Signature & Date General Fund Only	