



Arcadia Unified School District
ARCADIA HIGH SCHOOL

Potential Revenue Form

IMPORTANT: THIS FORM MUST BE SUBMITTED TO THE ASB OFFICE AT LEAST TWO WEEKS PRIOR TO EVENT
This form must be submitted with your Activity Application if the activity is a fundraiser

Organization		Activity Name		
Start Date	End Date	Start Time	End Time	LOCATION

Purpose of Fundraiser:

If your activity requires payments from the organization's ASB Account, the AUSD Staff advisor MUST complete the "Expenditure Pre-Approval Form" found on the ASB Website.
(Click here to link)

Contact Last Name	Contact First Name	Contact E-mail	Contact Phone #
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Advisor Last Name	Advisor First Name	Advisor Email	Advisor Phone #
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Complete BEFORE Activity Application submission

Estimated Expense	Estimated Revenue	Estimated Profit
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<i>x</i>	Date	<i>x</i>	Date
Student Signature		Advisor Signature	

Required for ALL Students regardless of age

Complete AFTER Fundraiser concluded

Actual Expense	Actual Revenue	Actual Profit
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Did you reach your fundraising goal? Yes No

Do you consider this a worthwhile Fundraiser? Yes No

Would you conduct this fundraiser again? Yes No

Please elaborate if you answered "No" to any of the above questions:

ASB Office USE ONLY:

Date Received	Date Processed	Date Returned	Date Complete
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Comments:

<i>x</i>	Date	<i>x</i>	Date
Activities Director Signature		ASB Treasurer Signature	