

# FUNDRAISING REQUEST FOR APPROVAL

SITE: \_\_\_\_\_ DATE(S) OF ACTIVITY: \_\_\_\_\_

ACTIVITY/VENDOR: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF CLUB: \_\_\_\_\_ NAME OF ADVISOR: \_\_\_\_\_

IS SOUND CREW NEEDED? \_\_\_\_\_ TIME NEEDED \_\_\_\_\_

WHAT IS THE PURPOSE OF THE FUNDRAISER? \_\_\_\_\_  
\_\_\_\_\_

HOW WILL THE COLLECTED FUNDS BE SPENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE STUDENTS INVOLVED? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHAT ARE THEIR RESPONSIBILITIES? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

CLUB ADVISOR: \_\_\_\_\_ CLUB OFFICER \_\_\_\_\_

ASB ADVISOR: \_\_\_\_\_ ASB OFFICER: \_\_\_\_\_

ASST. PRINCIPAL: \_\_\_\_\_

ATHLETIC DIRECTOR: \_\_\_\_\_