

Analy High School

Club

Request for Fund-Raiser Approval

Fiscal Year: _____

**All fundraiser for ASB clubs must be approved by the Director of Student Activities prior to the Activity/Fundraiser.*

To be approved, applications must be submitted at least 1 week prior to the requested date.

Date this form is submitted: _____

PROPOSED ACTIVITY:

Name of activity or type of fund-raiser: _____

Location of activity: _____

Facilities needed: _____

Items to be sold: _____

Date of activity: _____

First Choice: _____ Alternate Date: _____

Time of Activity: From _____ am/pm To: _____ am/pm

Ticket Selling price: \$ _____

Cash Box/Tickets required? Yes No

Number of items purchased for sale _____ @ \$ _____ Total = \$ _____

ASB Purchase Order Required? Yes No

How much income anticipated? \$ _____

How much expense is anticipated? \$ _____

How will profit be used? _____

Club Representative: _____

(Printed Name, Signature and Date)

Club Advisor: _____

(Printed Name, Signature and Date)

Student Council Recommendation: Yes No (and reason) _____

Student Council Representative: _____

(Printed Name, Signature and Date)

Student Activities Director: _____

(Printed Name, Signature and Date)

Analy High School

_____ Club Fund-Raising Budget versus Actual Statement

Fiscal Year: _____

EXPECTED REVENUE:	BUDGET	ACTUAL	DIFFERENCE
Sales quantity x Sales price	\$	\$	\$
OTHER REVENUE:			
Donations, Sales of ads, etc.	\$	\$	\$
TOTAL REVENUE (A)	\$	\$	\$
EXPENSES:			
Product quantity x Cost (per invoice)	\$	\$	\$
OTHER EXPENSES:			
Freight	\$	\$	\$
Advertising	\$	\$	\$
Other	\$	\$	\$
TOTAL EXPENSES (B)	\$	\$	\$
OTHER: (C)			
Items Donated or Given as Prizes - Quantity x Cost	\$	\$	\$
TOTAL PROFIT (A-B-C)	\$	\$	\$

Report prepared by: _____
(Signature, Title and Date)

Club Advisor: _____
(Signature, Title and Date)