

Fundraiser Approval Form

This form must be brought to the office with the top portion completely filled out for ASB approval AT LEAST two weeks before the fundraiser occurs

Date of Request: _____

Fundraising Group (Class/Club/Sport): _____

Person(s) Responsible for Fundraiser: _____

Group Benefiting from Fundraiser
(if different from above): _____

Outline of Activity: _____

Starting Date of Activity: _____

Ending Date of Activity: _____

Projected Expenses: _____

Projected Revenue: _____

Projected Profit: _____

ASB Approval

Date of Approval: _____

_____ (ASB President)

_____ (ASB Advisor)