

WELLPINIT SCHOOL DISTRICT #49
Fundraising Activity Request Form

ASB Club Booster Group

Request for Pre-Approval of Fundraiser

Date of Request: _____

School: _____

Group Name: _____

Account # _____

Dates of the Fundraiser:

Begin: _____ Ending: _____

Proposed fundraising activity (please be specific and give as much information as possible)

Intended use of proceeds (please be specific)

Estimated Revenues: _____

Expected Expenses: _____

Estimated Profits: _____

(Estimated Revenues – Estimated Expenses)

| |
|---|
| We will need a cash box for this event/activity: <input type="checkbox"/> Yes <input type="checkbox"/> No Date(s) _____ |
|---|

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.

APPROVAL: (After receiving the following signatures the request will then go to the ASB Senate for voting and approval.)

Coach/Club Advisor (staff) _____

(Signature)

Date: _____

For the ASB Senate's Use Only

| |
|---|
| Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, state reason: _____ |
| ASB Vice President: _____ Date: _____ |
| ASB Secretary: _____ Date: _____ |
| ASB Advisor: _____ Date: _____ |