

ACTIVITY OR FUNDRAISER APPLICATION

NOTE: APPLICATIONS MUST BE SUBMITTED _____ WEEKS PRIOR TO REQUESTED DATE TO BE APPROVED
APPLICATIONS MUST BE APPROVED BY ASB CABINET PRIOR TO ACTIVITY/FUNDRAISER

Date Submitted _____

Name of Organization _____

Name of Advisor _____ Name of President _____

PROPOSED ACTIVITY

Note: IT IS NOT THE RESPONSIBILITY OF THE ASB TO PROVIDE SUPPLIES/EQUIPMENT

Name of Activity or Type of Fundraiser _____

Location of Activity or Items to be sold _____

Date of Activity: First Choice _____ Alternative Choice _____

Time of Activity: From: _____ To _____

Ticket Selling Price _____ Cash Box/Tickets Required? Yes or No _____

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

Purchase Order Required? Yes or No _____

How much income do you anticipate? \$ _____ How much do you anticipate expenses to be? _____

How will profit be used? _____

Signature of Club Advisor _____ Date _____

Signature of Student Representative _____

REVENUE RECONCILIATION

Note: REVENUE ANALYSIS IS DUE TWO WEEKS AFTER CLOSE OF FUNDRAISER

1. How much money was deposited for this Fundraiser? \$ _____
2. How much money was spent on this Fundraiser? \$ _____
3. Actual profit or loss (line 1 minus 2) \$ _____
4. Does actual profit match anticipated income: \$ _____

If not, what is the reason for the difference? (returns, losses, unsold items) **ATTACH DEBT LIST**

ASB USE ONLY

Date approved for/recorded on master calendar _____

Disapproved/Reason for disapproval _____

Recorded in ASB Cabinet minutes dated _____

ASB Student Representative Signature _____ Date _____

ASB Advisor/AP Student Activities _____