

# FUNDRAISER REQUEST

All Fundraisers must be submitted for approval to the ASB Bookkeeper 2 weeks prior to the Fundraising Event

Date Submitted: \_\_\_\_\_

Class/Club Requesting Fundraiser: \_\_\_\_\_

Class/Club Advisor (Last Name): \_\_\_\_\_

Fundraiser Contact: \_\_\_\_\_

Description of Fundraiser: \_\_\_\_\_

Purpose of Fundraiser: \_\_\_\_\_

Location of Fundraiser: \_\_\_\_\_

Fundraiser Start & End Dates: \_\_\_\_\_

Each Fundraising Request must be submitted with:

- Revenue Potential

## ASB APPROVAL

ASB Bookkeeper: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

ASB Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

ASB Officer: \_\_\_\_\_

Date: \_\_\_\_\_

ASB Advisor: \_\_\_\_\_

Date: \_\_\_\_\_

