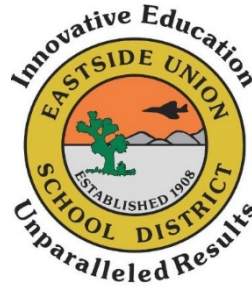


Joshua L. Lightle, Ed.D.
Superintendent



Board of Trustees
Mrs. Julie A. Bookman
Ms. Janette T. Crawford
Mrs. Peggy W. Foster
Mr. Joseph Pincetich
Ms. Doretta N. Thompson

Request for Approval: Fundraising Event

Name of School: _____

Name of Club: _____

Fiscal Year: _____

Date this form is completed: _____

Proposed event: _____

Description of fundraiser: _____

Requesting Club/Organization(s): _____

Proposed Date(s) of Event: _____

Club Contact Person: _____

ASB or Club Advisor: _____

Location of Proposed Activity: _____

Status of Event (circle one): New Event Held Previously (Years): _____

Budget Plan for Activity (Attach Description)

Revenue Potential form completed? Yes No (attached form if completed)

Other Background Information (such as other schools or clubs that have held similar events):

Approval

Submitted by: _____

Signature, Title and Date

Approved by (Principal/School Admin): _____

Signature, Title and Date

Revenue Potential (Fundraising Budget versus Actual Statement)

Name of School: _____

Fiscal Year: _____

Name of Event: _____

Date of Event: _____

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)	\$	\$	\$

Submitted by: _____

Signature, Title and Date

Principal/School Administrator: _____

Signature, Title and Date