



Request for Activity/Fundraiser Approval

Forms Due to Tina at least one week prior to the event.

Note: This form must be approved prior to the event date.

Date this form was turned in: _____

Proposed event: _____

Description of Fundraiser or Activity: _____

Requesting Club/Organization: _____

Proposed Start and End Date & Time of Event: _____

Contact Person: _____

Responsible Person for deposit: _____

Please circle one: *ASB* *Boosters*

*Location of Proposed Activity: _____

Budget Plan (cost of item or donation): _____

Other Information: _____

Club Representative: _____

	Printed Name		Signature		Date
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Club/Teacher Advisor: _____

	Printed Name		Signature		Date
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Food Service approval: _____

	Printed Name		Signature		Date
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Student Council Rep: _____

	Printed Name		Signature		Date
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Principal: _____

	Printed Name		Signature		Date
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Received by Controller: _____

	Printed Name		Signature		Date
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Approved / Denied _____

***For Facility reservation, please complete the Internal Use of Facility Form.**

revised: 9/15/21

Office Use Only
Club Follow Up _____