



ASB FUNDRAISER REQUEST

SUBMIT THIS FORM TO YOUR PRINCIPAL AT LEAST TWO WEEKS PRIOR TO FUNDRAISER.

ALL FOOD FUNDRAISERS MUST BE HELD OUTSIDE OF SCHOOL HOURS.

School Name: _____ **Date:** _____

Teacher: _____ **Account #:** _____ **Account Name:** _____

Fundraiser: _____

Description: _____

Company Name: _____

Start date: _____ **End date:** _____

Projected revenue: _____

Proposed use of profit: _____

Requestor: _____
Print Name Signature Date

Approved

Denied

Reason for Denial: _____

Principal (Print Name) Principal's Signature Date

THIS FORM MUST BE SUBMITTED AND APPROVED BEFORE FUNDRAISING EVENT(S) OCCUR.