

Fund-Raising Activity Permission Form

Date Submitted: _____

Submitted by: _____
Club/Grad. Class/Team/Group

Start Date: _____

End Date: _____

Please check the box that applies:

Location	Type of Fund-Raising
<input type="checkbox"/> On Campus, throughout the day <input type="checkbox"/> On Campus, during nutrition and lunch <input type="checkbox"/> On Campus, After school hours only <input type="checkbox"/> Off Campus <input type="checkbox"/> Sporting Event Concession Stand	<input type="checkbox"/> Sales <input type="checkbox"/> Donations (freely giving) <input type="checkbox"/> Donations (via solicitations) <input type="checkbox"/> Large Scale event: Describe the event

Please describe your Fund-Raising Activity: (How wil funds be gathered?)

Item to be sold: _____

Your Cost: _____ Item Price: _____ Expected Revenue: _____

Sponsor/Coach Signature _____

Room No. to delievery response to: _____

Activity Approval Signatures:

- Approved
- Denied: Reason _____

Commissioner of Fund-raising

Principal

ASB Treasurer

Financial Manager

Athletics Director (if fund-raising at a sporting event)