**MOUNT VERNON HIGH SCHOOL**

**REQUEST FOR SCHOOL FUNDRAISER**

Fundraiser/Activity involving money

Date’s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Activity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Facilities Needed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Equipment and Supplies Needed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the Fundraising event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For what purpose will the proceeds be used \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How will you publicize your event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Needs or Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Student Representative: |  |
| Club Advisor: |  |
| Activity/Calendar Coordinator: |  |
| Administrator: |  |
| □Approved □ Disapproved |  |

Signature Date

Successful activities programs depend on advanced planning and coordination by its various school groups .To achieve this goal, a faculty activity advisor or a student representative must complete this form prior to scheduling a student activity. Please return this completed form To ASB Activity Coordinator, at least two weeks in advance

of the requested activity date.

Please complete Project Forecast on back of this Page!

**ASB PROJECT FORECAST**

Projected Revenue (***an estimate of profit to be made from this fundraiser***)

Name of Item Price Quantity Total Amount

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_\_ = $\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_\_ = $\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_\_ = $\_\_\_\_\_\_\_\_\_\_

Total Projected Revenue $\_\_\_\_\_\_\_\_\_\_

Projected Expenses (***an estimate of expenses from vendor quote or catalog, including freight and taxes. Include cost of merchandise and services***.)

Name of Item Price Quantity Total Amount

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_\_= $\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_\_= $\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_\_= $\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_\_= $\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_\_= $\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_\_= $\_\_\_\_\_\_\_\_\_\_

Total Projected Expense $\_\_\_\_\_\_\_\_\_\_

Total Projected Profit $\_\_\_\_\_\_\_\_\_