Madison HIGH SCHOOL
REQUEST FOR FUND-RAISING ACTIVITY

Please plan accordingly and submit form 4 weeks in advance.

PROCEDURE:

1. Requester obtains approval from Cafeteria Manager, if food is intended. ______
2. Requester submits form to ASB for approval. ______
3. ASB approves in formal meeting (indicate date below and attach Minutes). ______
4. ASB obtains final approval from principal/designee. ______
5. ASB records fund-raiser on master calendar after all levels of approval are final.* ______
6. ASB distributes approved form:
   - Original - Finance Office
   - Copy – ASB and Sponsor
   (Note: Fund-raiser is NOT approved until all parties receive a copy of the final approved form.* ) ______

FUND-RAISER INFORMATION

Club Name: ____________________________________________

Club Advisor Name: ______________________________________

School Year: __________________________________________________________________________

Name of the Fundraiser: ________________________________________________

Reason of This Fundraiser (Why are we doing this Fundraiser)? ___________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Describe what you are selling: __________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Date of Activity: _______________ (1st Choice) ____________ □ Approved □ Disapproved
(2nd Choice) ____________ □ Approved □ Disapproved

End of Activity: __________________________

Time of Activity: __________________________

Location: __________________________
How much expense is anticipated? ________________________________________________

How much income is anticipated? ________________________________________________

Date form submitted: _____________________________________________________________

Please print Advisor Name: _______________________________________________________

Club Advisor Signature: __________________________________________________________

Club Treasurer’s Name & Signature: ________________________________________________

__________________________

APPROVALS:

_____________________________________________________________________________
Principal or Designee’s Signature

_____________________________________________________________________________
ASB Advisor Signature

_____________________________________________________________________________
Date Approved in ASB Minutes