

REQUEST FOR FUND RAISER

(Board Policy Nos. 2503 and 8402)

Name of School: Buchanan High School

Organization (Club or Team) Name:

Advisor:

Beginning date can **NOT** fall before Fundraiser is Board Approved; End date can be the last day of school to allow for changes.

Date of Fund Raiser: Beginning Date: _____ Ending Date: _____

Description of Fund Raiser:

Is a food product to be sold? Yes ☐ No ☐

Vendor Supplying Items to be Sold (List all Venders):

Total Expected Profit:

Funds to be Deposited in: ASB Account ☐ Foundation Account ☐

Will students participate in this fundraiser (i.e. presell items, distribute flyers, sell tickets, collect silent auction items, etc.) Yes ☐ No ☐

Person(s) Supervising Event (This person **MUST** be an employee of CUSD):

Signature of Person Requesting:

Date:

SUBMIT THE ENTIRE FORM TO THE ACTIVITIES OFFICE

(Allow 4-6 weeks for approval)

SCHOOL APPROVAL	DISTRICT OFFICE APPROVAL
<div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> <div>_____</div> <div>Activities Director</div> <div>_____</div> <div>Principal/Deputy Principal</div>	<div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> <div>_____</div> <div>Area Superintendent</div> <div><input type="checkbox"/> Approved</div> <div><input type="checkbox"/> Disapproved</div> <div>_____</div> <div>Governing Board</div>