

CHS Class & Club Event Request Form

Community Service, Philanthropy, Awareness Event

Today's date: _____ Master calendar checked?: _____

Club/Class/Organization Requesting: _____

Description of Service Project: _____

Goals of Service Project: _____

Student in Charge: _____ **Email:** _____

Phone Number: _____

Advisor: _____ **Email:** _____

Project/Event Details:

Date(s) of Service Project: _____

Location of Service Project: _____ # of Students Involved: _____

Advisor Signature: _____

*** Attach projected donations or expenditures.**

Date submitted: _____ Received by: _____

ASB Approval: YES NO TABLED Date: _____

Approved by principal: _____

Donations Revenue Potential

ASB Club: _____
Event/Fundraiser: _____

Advisor: _____
Date(s): _____

REVENUE - if applicable

Expected Donations: \$ _____
Actual Donations Received: \$ _____

EXPENSES - if applicable

	Expected	Actual
_____	= \$ _____	\$ _____
_____	= \$ _____	\$ _____
_____	= \$ _____	\$ _____

SUMMARY - if applicable

Actual Donations = \$ _____

Actual Expenses = \$ _____

Funds Raised = \$ _____

ASB:

ASB Business Meeting: _____ Date _____

Officer ASB Approval: YES NO TABLED

Principal's Approval: _____ Date: _____

Date Submitted: _____