

# CARMEL HIGH SCHOOL FUNDRAISING REQUEST FORM

Today's date: \_\_\_\_\_ Master calendar checked? \_\_\_\_\_

Club/Class/Organization Requesting: \_\_\_\_\_

Description of Fundraiser: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purpose of Fundraiser: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Student in charge/phone number: \_\_\_\_\_

Adult supervisor/phone number: \_\_\_\_\_

Date of proposed activity: \_\_\_\_\_

Location of proposed activity: \_\_\_\_\_

Approximate number of students involved: \_\_\_\_\_

Approved by advisor: \_\_\_\_\_

**\* Revenue potential form must be attached.**

Date submitted: \_\_\_\_\_ Received by: \_\_\_\_\_

ASB Approval: YES NO TABLED \_\_\_\_\_ Date \_\_\_\_\_

Approved by principal: \_\_\_\_\_

# Fundraising Revenue Potential

ASB Club: \_\_\_\_\_ Advisor: \_\_\_\_\_

Fundraiser: \_\_\_\_\_ Date(s): \_\_\_\_\_

## REVENUE

Expected Sales: Price: \$ \_\_\_\_\_ # items \_\_\_\_\_ = \$ \_\_\_\_\_

Other Expected Revenue: \_\_\_\_\_ = \$ \_\_\_\_\_

Actual Sales: Price: \$ \_\_\_\_\_ # items \_\_\_\_\_ = \$ \_\_\_\_\_

Other Actual Revenue: \_\_\_\_\_ = \$ \_\_\_\_\_

## EXPENSES

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

## SUMMARY

Expected Total Revenue = \$ \_\_\_\_\_ Actual Revenue = \$ \_\_\_\_\_

Expected Total Expenses = \$ \_\_\_\_\_ Actual Expenses = \$ \_\_\_\_\_

Expected Profit = \$ \_\_\_\_\_ Actual Profit = \$ \_\_\_\_\_

Club Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ASB Business Meeting: Date \_\_\_\_\_ Officer \_\_\_\_\_

ASB Approval: YES NO TABLED

Principal's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Date Submitted: \_\_\_\_\_