



**CARLSBAD HIGH SCHOOL ASSOCIATED STUDENT BODY**

3557 Lancer Way, Carlsbad, CA 92008 – Phone (760)331-5156 – Fax (760) 729-6830

**ASB FUNDRAISER REQUEST FORM**

Club Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

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

Time of Fundraiser: From \_\_\_\_\_ To \_\_\_\_\_

Location of Fundraiser: \_\_\_\_\_

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

\_\_\_\_\_

Club Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Club Advisors Name: \_\_\_\_\_

Status of Event (Check One):                      New Event                      Held Previously (# of Years): \_\_\_\_\_

Will funds be handled by club directly?                      Yes                      No

**BUDGET PLAN: Ticket Sales**

Cash Box/Tickets required?                      Yes                      No

If Yes, What are Ticket Prices? \_\_\_\_\_

(Ticket Summary Form will need to be completed at end of fundraiser & turned in with Currency, Cash Box, & Remaining Tickets.)

**BUDGET PLAN: All Other Items**

Cash Box required?                      Yes                      No

Number of Items Purchased for Sale: \_\_\_\_\_

How Much is Anticipated in Income? \_\_\_\_\_

How Much is Anticipated in Expenses? \_\_\_\_\_

(Revenue Summary Form will need to be completed & turned in with Currency & Cash Box)

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

**APPROVALS:**

Calendar Verified     Clubs Annual Renewal Packet     ASB Approved

ASB Recommendation:                       Yes     No    Student Council Rep Signature: \_\_\_\_\_

Site Administrator Recommendation:  Yes     No    Site Administrator Signature: \_\_\_\_\_

Disapproved / Reason for Disapproval: \_\_\_\_\_