



CASCADE HIGH SCHOOL

Fundraiser Request Form

Office Use Only:

Acct Code: 40-00-00-331-00 _____

Item #: _____

Club / Team Name _____

Advisor/Coach _____

Type of Fundraiser

☐

selling tangible items (tshirts, discount cards, etc)

☐

selling a food item – in person or catalog

☐

collecting fees for an event, dance, field trip

☐

collecting funds or items for a charitable purpose

What are you selling/collecting: _____

When are you selling/collecting: _____

How is money being collected? Check all that apply.

☐

Cash box

☐

Treasurer's Office

☐

Student Collection/Payment

☐

Online

☐

Other

We estimate we will sell _____ at: \$ _____ w/ASB \$ _____
(# of items) \$ _____ w/out ASB Estimated Revenue (A)
\$ _____ per each

To run this event/activity, the estimated total expenses are:

\$ _____ Cost of items \$ _____ Transportation \$ _____
\$ _____ Substitutes (~\$250 per) \$ _____ Registration Estimated Expenses (B)
\$ _____ Security(~\$280 per) \$ _____ Custodian(2hr min)

Profit from this event will be used for: _____ \$ _____
Estimated Profit (=A-B)

☐ This event is not intended to make a profit.

Student Signature _____

Date _____

Printed Name and Position _____

Advisor/Coach Signature _____

Date _____

Please attach a printed and signed copy of your minutes that show student approval for this fundraiser.

ASB Use:

Active Club/Sport: Y / N

Roster/ASB Card Check: Y / N

Minutes Provided: Y / N

ASB APPROVED: Y / N

NOTES:

Calendar Check: Y / N

ASB STUDENT TREAS SIGNATURE: _____ DATE: _____

SCHOOL ADVISOR SIGNATURE: _____ DATE: _____

STAFF TREASURER SIGNATURE: _____ DATE: _____ ADMINISTRATOR _____ DATE: _____ SIGNATURE: _____