Franklin High School FUNDRAISING REQUEST FORM

A3D I	FUNDRAISER (Funds deposited /Associated Student Body)	BOOSTER FUN	IDRAISER (Funds deposited/Booster)
	dy Funds must be used to promote and finance a pro ities provided by the district.	gram of worthwhile act	ivity for current students beyond
oup/Club: ,		Date:	
Advisor Name:		Proposed start date:	Proposed end date:
Purpose of	Event:	1	
Type of Fun	ndraiser:		
_ocation/Ad	ddress of fund-raiser: (Booster Club Insurance Rider required	d for off campus Booster FL	UNDRAISING EVENTS (From FHS Booster
What item	ns or services will be purchased with these funds?		
	students will benefit from this fundraiser? Respons	sibility of each student (Exa	ample: student will sell 48 candy bars)
	List the names to approve expenditures. In	nclude ID numbers of ASB (Club Officers: Please Print
<u>FUNDRA</u>	AISER CHECKLIST:		
1)	Request form approved :		>
2)	Establish an ASB account and procedure with School Contr A) Funds to be used to promote and finance		
3)	Turn in all money to the School Site Controller to be placed		
4)	If CAR WASH, you must attach an approval letter from pro	perty owner:	>
5)	Copy of all flyers/information attached.:		>
6)	If Booster Fundraising Event:		>
	A) Off Campus alcoholic drinks served?		>
	i. If Checked, ABC Permits required fro	om State & City	
1.6	B) Will a raffle be held? (Raffle Form Required)?		>
	Selling price per individual item		
. U	Jpfront total cost per individual item : Must include all costs	of item.	
. E	Estimated profit per item (subtract 2 from 1)		
. E	Estimated number of items to be sold		
. Т	Total estimated fundraiser profit (multiply 3 x 4)		
Were ar	ny items donated? If so, please list below. (For Many, attac	ch a list as needed)	
tems	, ,	Donation made by:	
terns		Donation made by.	
Approved by:Principal		Dat	te:
Approved by:Athletic Director		Dat	te:
Approved by: Activities Director		Dat	te:
Approve	ed by:		te: il.com
	ORM MUST BE SUBMITTED to School Site controller:		
THIS FO			· · · · · · · · · · · · · · · · · · ·
	rstand the above procedures and agree to follow the	guidelines as prescribe	d by these instructions
I under	rstand the above procedures and agree to follow the Signature Print Advisor Name	guidelines as prescribe	d by these instructions Date

FHS Fundraising Request.PDF

Please check one: